

**MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES  
BUREAU OF HEALTH SERVICES**

REQUIREMENTS:

EMERGENCY MEDICAL TECHNICIAN EDUCATION PROGRAM

INITIAL

and

REFRESHER

## **PREFACE**

### **I. General Provisions**

Each EMT education program shall:

- A. Assure the course is approved through the Initial Program Application process as outlined by MDCIS, Bureau of Health Services.
  - 1. Students who complete an unapproved program course will not be eligible for licensure.
- B. Utilize clearly stated behavioral objectives and performance criteria for the didactic, practical, affective and clinical activities.
- C. Provide clinical training in a hospital and basic or advanced life support agency. Each clinical site shall be capable of meeting the clinical educational objectives developed by the Instructor-Coordinator.

### **Course Requirements**

Once a course has been approved, the EMS Instructor-Coordinator is responsible to provide each student with, or make available for their review and study, the following information:

- A. A copy of the MDCIS course approval
- B. EMT program objectives
- C. A copy of the current EMS legislation; P.A. 368 of 1978 as amended and administrative rules
- D. All student policies and relevant operational policies as outlined in the Initial Program Approval process

The education program sponsor is responsible for notifying the Regional Coordinator of any modifications to their program schedule on the Approved Education Program Sponsor Notification of Interim Courses (BHS-EMS 136A). As Regional Coordinators conduct periodic on-site visits to evaluate courses, any changes to an approved education program must be reported.

### **II. Course Length and Organization**

It is recommended that the initial course comprise a minimum of 194 clock hours. This includes didactic presentations, practical demonstrations, skills practice, examination time, and clinical experience. A minimum of 32 clinical hours are required. The sequence in which lessons are presented is left to the discretion of the I-C. It is expected, however, that Module 1 Preparatory (Roles/Responsibilities, Well Being of EMT, Medical/Legal Considerations, etc.) will be presented first.

#### **Clinical Objectives**

At a minimum, the EMT student shall complete 32 hours of clinical experience. The clinical experience shall include the Emergency Department (minimum 8 hours) and

BLS or ALS vehicle rotations (minimum 8 hours). Although other clinical areas such as Post-Operating Recovery, Geriatric care, Pediatrics, Labor and Delivery, Psychiatric Unit, and Respiratory Therapy are desirable and strongly encouraged, they may not be practical in some medical facilities.

The IC should develop clinical objectives for the EMT student to be utilized for this portion of the program. The objectives should be specific to the clinical area.

### **III. Document Format and Utilization**

#### **Objectives**

The information included is required in order to meet the established educational objectives for an EMT education program. I-Cs and other instructors shall use this minimum required material in their education programs, as the licensure examination is based on these objectives.

The objectives are written in the behavioral objective style and flow from cognitive information, to affective behaviors and then psychomotor objectives. The objectives are structured to identify minimal knowledge in those content areas.

#### **Task Analysis**

The skills that the EMT will minimally be able to perform are broken down into an abbreviated task analysis format for the instructor and student. The instructor may modify the format as needed for practice and testing purposes.

#### **Topic Format**

The topics have been re-named from the previous versions of MDCIS Education Program Requirements. The topic titles are identical to those used by the Basic National Standard Curriculum and should align more closely with chapter titles in current text.

#### **Text**

The choice of text and/or handout material is left to the discretion of the program sponsor and I-C.

Content material has been referenced to:

Emergency Medical Technician Basic: National Standard Curriculum

Cardiopulmonary Resuscitation: American Heart Association

Basic Trauma Life Support - Brady

Pediatric Emergency Management Curriculum-MDPH/EMS-C Project

# EMERGENCY MEDICAL TECHNICIAN EDUCATION PROGRAM CONTENT AREAS

TOPIC	RECOMMENDED COURSE HOURS
<b>MODULE 1 PREPARATORY</b>	<b>(26 hours)</b>
Introduction to Emergency Medical Care	1 hour
The Well-Being of the EMT-Basic	5 hours
Medical / Legal and Ethical Issues	2 hours
The Human Body	10 hours
Baseline Vitals and SAMPLE History	4 hours
Lifting and Moving Patients	4 hours
<b>MODULE 2 AIRWAY</b>	<b>(16 hours)</b>
Airway. Oxygenation, Ventilation	12 hours
EDTLA	4 hours
<b>MODULE 3 PATIENT ASSESSMENT</b>	<b>(19 hours)</b>
Scene Size-up	1 hour
Initial Assessment	2 hours
Focused History and Physical Exam: Medical	4 hours
Focused History and Physical Exam: Trauma	5 hours
Detailed Physical Exam	2 hours
On-Going Assessment	1 hour
Communications	1 hour
Documentation	1 hour
Special Considerations (Geriatrics)	2 hours
<b>MODULE 4 MEDICAL</b>	<b>(43 hours)</b>
General Pharmacology	4 hours
Respiratory Emergencies	6 hours
Cardiovascular Emergencies	16 hours
Diabetic Emergencies	2 hours
Allergic Reactions	1 hour
Poisoning/Overdose Emergencies	3 hours
Environmental Emergencies	2 hours
Behavioral Emergencies	3 hours
Obstetrics	4 hours
Abdominal Illness	1 hour
CNS Illness	1 hour
<b>MODULE 5 TRAUMA</b>	<b>(38 hours)</b>
Bleeding and Shock (PASG and IV Maintenance)	12 hours
Soft Tissue Injuries	10 hours
Musculoskeletal Care	8 hours
Injuries to the Head and Spine	8 hours
<b>MODULE 6 INFANTS &amp; CHILDREN</b>	<b>8 hours</b>

**MODULE 7 OPERATIONS****(12 hours)**

Ambulance Operations

2 hours

Gaining Access

5 hours

Overview Topics ( Triage, Disaster, HazMat)

5 hours

Recommended Classroom Hours 162

Total Required Clinical Hours 32

Total Recommended Course Hours 194

## **MODULE 1 PREPARATORY**

### **Introduction to Emergency Medical Care**

Familiarizes the EMT candidate with the introductory aspects of emergency medical care. Topics covered include the Emergency Medical Services system, roles and responsibilities of the EMT, quality improvement, and medical direction.

### **Well-Being of the EMT (Stress Management, Communicable Disease)**

Covers the emotional aspects of emergency care, stress management, introduction to Critical Incident Stress Debriefing (CISD), scene safety, body substance isolation (BSI), personal protection equipment (PPE), and safety precautions that can be taken prior to performing the role of an EMT.

### **Medical/Legal and Ethical Issues**

Explores the scope of practice, ethical responsibilities, DNR legislation, consent, refusals, abandonment, negligence, duty to act, confidentiality, and special situations such as organ donors and crime scenes. Medical/legal and ethical issues are vital elements of the EMT's daily life.

### **The Human Body (Anatomy and Physiology)**

Enhances the EMT's knowledge of the human body. Medical terminology, body systems, anatomy, physiology and topographic anatomy will be covered in this session.

### **Baseline Vital Signs and SAMPLE History**

Teaches assessing and recording of a patient's vital signs and a SAMPLE history.

### **Lifting and Moving Patients (Patient Handling)**

Provides students with knowledge of body mechanics, lifting and carrying techniques, principles of moving patients, and an overview of equipment. Practical skills of lifting and moving will also be developed during this lesson.

## **MODULE 2 AIRWAY**

### **Airway, Oxygenation, Ventilation**

Teaches airway anatomy and physiology, how to maintain an open airway, pulmonary resuscitation, variations for infants and children, and patients with laryngectomies. The use of airways, suction equipment, oxygen equipment and delivery systems, and resuscitation devices will be discussed in this lesson. Use of the ETDLA (Combitube? ) will also be covered.

## **MODULE 3 PATIENT ASSESSMENT**

**Scene Size-Up**

Enhances the EMT's ability to evaluate a scene for potential hazards, determine by the number of patients if additional help is necessary, and evaluate mechanism of injury or nature of illness. This lesson draws on the knowledge of Module 1.

**Initial Assessment**

Provides the knowledge and skills to properly perform the initial assessment. In this session, the student will learn about forming a general impression, determining responsiveness, assessment of the airway, breathing and circulation. Students will also discuss how to determine priorities of patient care.

**Focused History and Physical Exam - Trauma Patients**

Describes and demonstrates the method of assessing patients' traumatic injuries. A rapid approach to the trauma patient will be the focus of this lesson.

**Focused History and Physical Exam - Medical Patients**

Describes and demonstrates the method of assessing patients with medical complaints or signs and symptoms. This lesson will also serve as an introduction to the care of the medical patient.

**Detailed Physical Exam**

Teaches the knowledge and skills required to continue the assessment and treatment of the patient.

**On-Going Assessment**

Stresses the importance of trending, recording changes in the patient's condition, and reassessment of interventions to assure appropriate care.

**Communications**

Discusses the components of a communication system, radio communications, communication with medical direction, verbal communication, interpersonal communication, and quality improvement.

**Documentation**

Assists the EMT in understanding the components of the written report, special considerations regarding patient refusal, the legal implications of the report, and special reporting situations. Reports are an important aspect of prehospital care. This skill will be integrated into all student practices.

**Special Patient Considerations**

This topic reviews situations of providing emergency care to geriatric patients and other patients who may need modified communications and special handling.

**MODULE 4 MEDICAL/BEHAVIORAL EMERGENCIES AND OBSTETRICS/GYNECOLOGY**

**General Pharmacology**

Provides the student with a basic knowledge of pharmacology, providing a foundation for the administration of medications given by the EMT and those used to assist a patient with self-administration.

**Respiratory Emergencies (Chest Injury)**

This chapter reviews components of the lesson on respiratory anatomy and physiology. It will also provide instruction on assessment of respiratory difficulty and emergency medical care of respiratory problems, and the administration of prescribed inhalers.

**Cardiovascular Emergencies (AED, CPR)**

Review of the cardiovascular system, an introduction to the signs and symptoms of cardiovascular disease, administration of a patient's prescribed nitroglycerin, and use of the automated external defibrillator are covered.

**Diabetes/Altered Mental Status**

Review of the signs and symptoms of altered level of consciousness, the emergency medical care of a patient with signs and symptoms of altered mental status and a history of diabetes, and the administration of oral glucose are covered.

**Allergies**

Teaches the student to recognize the signs and symptoms of an allergic reaction, and to assist the patient with a prescribed epinephrine auto-injector.

**Poisoning/Overdose**

Teaches the student to recognize the signs and symptoms of poisoning and overdose. Information on the administration of activated charcoal is also included in this section.

**Environmental Emergencies**

Covers recognizing the signs and symptoms of heat and cold exposure, as well as the emergency medical care of these conditions. Information on aquatic emergencies and bites and stings will also be included in this lesson.

**Behavioral Emergencies**

Develops the student's awareness of behavioral emergencies and the management of the disturbed patient. Restraining the combative patient will also be taught in this lesson.

**Obstetrics/Gynecology**

A review of the anatomical and physiological changes that occur during pregnancy, management of normal and abnormal deliveries, signs and symptoms of common gynecological emergencies, and neonatal resuscitation are covered.

**Abdominal Illness**

Briefly reviews conditions related to abdominal complaints and the emergency care of the "acute abdomen".

**Central Nervous System Illness**

Covers the assessment, related pathophysiology and provision of emergency medical care for stroke and seizure disorders.

## **MODULE 5 TRAUMA**

### **Bleeding and Shock (PASG, IV Maintenance)**

Reviews the cardiovascular system, describes the care of the patient with internal and external bleeding, signs and symptoms of shock (hypoperfusion), and the emergency medical care of shock (hypoperfusion).

### **Soft Tissue Injuries (Burns)**

Continues with the information taught in Bleeding and Shock, discussing the anatomy of the skin and the management of soft tissue injuries and the management of burns. Techniques of dressing and bandaging wounds will also be taught in this lesson.

### **Musculoskeletal Care**

Review of the musculoskeletal system, recognition of signs and symptoms of a painful, swollen, deformed extremity and splinting are taught in this section.

### **Injuries to the Head and Spine**

Review the anatomy of the nervous system and the skeletal system. Injuries to the spine and head, including mechanism of injury, signs and symptoms of injury, and assessment are covered. Emergency medical care, including the use of cervical immobilization devices and short and long back boards will also be discussed and demonstrated by the instructor and students. Other topics include helmet removal and infant and child considerations.

## **MODULE 6 INFANTS AND CHILDREN**

Presents information concerning the developmental and anatomical differences in infants and children. There is discussion of common medical and trauma situations, along with infants/children dependent on special technology. Dealing with an ill or injured infant or child patient has always been a challenge for EMS providers.

## **MODULE 7 OPERATIONS**

### **Ambulance Operations**

Presents an overview of the knowledge needed to function in the prehospital environment. Topics covered include responding to a call, emergency vehicle operations, transferring patients, and the phases of an ambulance call.

### **Gaining Access**

Provides the EMT student with an overview of rescue operations. Topics covered include roles and responsibilities at a crash scene, equipment, gaining access, and removing the patient.

**Overview Topics**

Provides the EMT student with information on hazardous materials, incident management systems, mass casualty situations, and basic triage.

## **EMERGENCY MEDICAL TECHNICIAN REFRESHER PROGRAM**

Completion of an approved EMT refresher program may be necessary to satisfy eligibility requirements for National Registry certification. Refresher programs must be submitted for approval by an approved Education Program Sponsor. (Interim application 30 days in advance.)

Completion of an approved EMT refresher program will also provide an equal number of Continuing Education credits (24).

Course content must follow the initial training objectives as outlined in this document.

<b>Course Topics</b>	<b>Required Minimum Course Hours</b>
Preparatory	1
Airway	2
Patient Assessment	3
Medical/Behavioral	4
Trauma	4
Obstetrics, Infants, Children	2
Elective Topics (Other topics from EMT Curriculum)	8
<b>Total Required Course Hours</b>	<b>24</b>

It is strongly encouraged that CPR re-certification and AED refresher become pre-requisites or co-requisites of a refresher program. These topics are not included in the above listed topics/hours.

### **MODULE 1 Preparatory**

## **Introduction to Emergency Care** *(Roles, Responsibilities)*

At completion of this lesson, the EMT student will be able to:

1. Define Emergency Medical Services (EMS) systems. (Cognitive)
2. Differentiate the roles and responsibilities of the EMT from other prehospital care providers. (Cognitive)
3. Describe the roles and responsibilities related to personal safety. (Cognitive)
4. Discuss the roles and responsibilities of the EMT towards the safety of the crew, the patient and bystanders. (Cognitive)
5. Explain who has authority for management of the scene and management of the patient according to Michigan statute. (Cognitive)
6. Define quality improvement and discuss the EMT's role in the process. (Cognitive)
7. Define medical direction and discuss the EMT's role in the process. (Cognitive)
8. Assess areas of personal attitude and conduct of the EMT. (Affective)
9. Characterize the various methods used to access the EMS system in your community. (Cognitive)
10. Explain these terms: (Cognitive)

Certification	Licensure	Reciprocity
Standing Orders	Protocols	Medical Control Authority

## **MODULE 1 Preparatory**

### **Well Being of the EMT** *(Stress Management, Communicable Disease)*

At the completion of this lesson, the EMT student will be able to:

#### *Stress Management*

1. Define these terms: (Cognitive)

Acceptance	Acute Stress Reaction
Anger	Bargaining
Coping	Cumulative Stress Reaction
Defense Mechanisms	Delayed Stress Reaction
Denial	Depression
Humor	Isolation
Rationalization	Repression
Stress	Stressor
2. Explain the body's response to stress in these identified states: (Cognitive)

Stage One:	Alarm Reaction
Stage Two:	Resistance
Stage Three:	Exhaustion
3. Identify and/or describe these types of stress reactions: (Cognitive)

Acute Stress Reaction
Delayed Stress Reaction
Cumulative Stress Reaction
4. Identify the different causes of anxiety and stress. (Cognitive)

5. Identify and/or describe the defense mechanisms used to reduce anxiety and stress. (Cognitive)
6. Recognize the signs and symptoms of critical incident stress. (Cognitive)
7. Identify and describe the stages of the grief process. (Cognitive)
8. State the steps in the EMT's approach to the dying patient and their family. (Cognitive)
9. Discuss the possible reactions that a family member may exhibit when confronted with death and dying. (Cognitive)

### *Communicable Diseases*

1. Define the following terms: (Cognitive)
 

Communicable	Contamination	Contagious
Personal Protective Device	Personal Protective Equipment	
Body Substance Isolation	Universal precautions	Transmission
Host	Carrier	Source of infection
Infection	Pathogen	Reservoir
Exposure	Virulence	Incubation period
C.D.C.	OSHA	Patient confidentiality
HIV	AIDS	Meningitis
Tuberculosis	MERSA	VRS
HEPA	Period of communicability	Percutaneous injury
2. Describe the possible sources of disease. (Cognitive)
3. Recall the factors for transmission of a disease to occur. (Cognitive)
4. Explain direct and indirect contact. (Cognitive)
5. Explain transmission via respiratory droplets. (Cognitive)
6. Explain vehicle transmission. (Cognitive)
7. Explain airborne transmission. (Cognitive)
8. Explain vector transmission. (Cognitive)
9. Describe the greatest hazard for transmission to occur. (Cognitive)
10. Recall the factors which increase the risk of infection. (Cognitive)
11. List additional actions, other than PPE's, to prevent infectious exposure. (Cognitive)
12. List the different types of PPE and how/when they are used: (Cognitive)
 

gloves	mask	HEPA mask
gowns	eye wear	disposable equipment
13. Recognize the importance of universal precautions, or BSI. (Affective)
14. Define hepatitis. (Cognitive)
15. Recall the causes of hepatitis. (Cognitive)
16. Recognize and define jaundice. (Cognitive)
17. List the different forms of hepatitis. (Cognitive)
18. List the different routes of transmission for each form of hepatitis. (Cognitive)
19. Describe the most appropriate PPD for each form of hepatitis. (Cognitive)
20. Describe the importance of vaccinations. (Cognitive)
21. Define herpes and list the different forms. (Cognitive)
22. Define and recognize herpetic whitlow. (Cognitive)
23. Recall how the herpes virus is transmitted. (Cognitive)

24. Define meningitis. (Cognitive)
25. Explain how meningitis is transmitted. (Cognitive)
26. Recall which airborne transmitted diseases are highly dangerous. (Cognitive)
27. Recall how HIV is carried and transmitted. (Cognitive)
28. Describe which routes of HIV contamination cause high or low probability of exposure. (Cognitive)
29. List behaviors or practices which increase the risk for infection with HIV. (Cognitive)
30. Differentiate between AIDS and HIV. (Cognitive)
31. Recall the complications from AIDS. (Cognitive)
32. Discuss procedures to follow when potential HIV exposure has occurred to EMS personnel. (Cognitive)
33. Discuss current diagnostic procedures following HIV exposure. (Cognitive)
34. Explain and recognize the signs and symptoms of tuberculosis. (Cognitive)
35. Explain how TB is transmitted and when exposure is most likely to occur. (Cognitive)
36. Explain why disposable items must be discarded after each use. (Cognitive)
37. Explain why contaminated equipment must be handled using universal precautions. (Cognitive)
38. Define and list regulated waste. (Cognitive)
39. Determine the need for a biohazard bag. (Cognitive)
40. Describe how to properly dispose of contaminated waste. (Cognitive)
41. Describe how to properly dispose of waste that contains body fluids. (Cognitive)
42. Recall how equipment or surface contaminated with blood or body fluids must be cleaned. (Cognitive)
43. Demonstrate appropriate use of PPE in various simulated patient scenarios.(Psychomotor)

## Module I Preparatory

### Medical Legal and Ethical Issues

At the completion of this lesson, the EMT student will be able to:

1. Define the terms and discuss implications of: (Cognitive)
 

Abandonment	False Imprisonment	Libel
Implied consent	Expressed consent	Civil Law
Actual consent	Informed consent	Assault
Administrative Law	Law of consent	Battery
Malpractice	Negligence	Liability
Breach of duty	Causation/Proximate cause	Tort
Damages	Duty to act	Living wills
Standard of Care	Scope of Practice	DNR
Defendant	Plaintiff	Slander
Res Ipsa Loquitur	Respondeat Superior	Patient confidentiality
Good Samaritan Law	Emancipated Minor	
2. State the specific statutes and regulations in Michigan regarding the EMS system. (Cognitive)
3. List the levels of EMS licensure in Michigan. (Cognitive)
4. List the requirements for licensure of EMS personnel in the state of Michigan. (Cognitive)
5. Describe the differences in training necessary for each level of EMS licensure in Michigan. (Cognitive)
6. List the requirements for maintaining an EMT license. (Cognitive)
7. Explain the benefits and responsibilities of continuing education. (Cognitive)
8. Discuss the EMT's obligations to the emergency patient. (Cognitive)
9. Discuss the methods of obtaining consent. (Cognitive)
10. Explain utilizing the consent of minors in providing care. (Cognitive)
11. List the requirements and discuss the implications of securing written refusal of patient treatment and/or transportation. (Cognitive)
12. Explain patient confidentiality. (Cognitive)
13. Describe some of the special patient situations which may result in special reports or paper work. (Cognitive)
14. List the aspects of the Standard of Care. (Cognitive)
15. Explain negligence and how it relates to the standard of care using the four elements needed to prove negligence. (Cognitive)
16. Discuss the importance of Do Not Resuscitate [DNR] (advance directives) legislation and local or state provisions regarding EMS application. (Cognitive)
17. Discuss the considerations of the EMT in issues of organ retrieval. (Cognitive)
18. Describe the actions that an EMT should take to assist in the preservation of a crime scene. (Cognitive)
19. State the conditions that require an EMT to notify local law enforcement officials. (Cognitive)
20. Discuss the handling of patient's possessions during transportation of the patient. (Cognitive)

## MODULE 1 Preparatory

## The Human Body

At the completion of this lesson, the EMT student will be able to:

### *Introduction to A & P*

- Define the following: (Cognitive)
 

Abduction	Adduction	Prone	Supine
Anterior	Posterior	Superior	Inferior
External	Internal	Visceral	Parietal
Deep	Superficial	Lateral	Medial
Median	Midline	Horizontal	Vertical
Midclavicular	Midaxillary	Frontal	Sagittal
Anatomical position	Bilateral	Distal	Proximal
Extension	Flexion	Homeostasis	Metabolism
Cell	Tissue	Aerobic	Anaerobic
Semi-fowlers	Trendelenburg	Fowlers position	Recumbent
- Define the following medical prefixes & suffixes: (Cognitive)
 

Prefixes:

a	an	angio	arthro
anti	bi	brady	cardio
cephalo	chole	circum	contra
cerebro	cyst	cyt	dermato
dys	endo	entero	epi
erythro	extra	gastro	hem(ato)
hemi	hepato	hystero	hyper
hypo	in	intra	inter
leuko	mal	meningo	myo
nephro	ortho	osteo	oto
para	peri	phlebo	pneumo
poly	post	pre	pulmo
pyo	quad	retro	rhino
sclero	super	supra	
tachy	uro	vaso	

Suffixes:

algia	asthenia	esthesia	ectomy
emia	genic	graph(y)	itis
megaly	oma	osis	ostomy
otomy	paresis	pathy	plegia
pnea	rrhea	scopy	uria
- Identify the body cavities. (Cognitive)
- Locate the boundaries of all body cavities. (Cognitive)
- Recognize the organs contained in each specific body cavity. (Cognitive)
- Describe the characteristics of living matter. (Cognitive)
- Discuss the relationship of cells, tissues, organs and body systems. (Cognitive)
- Explain the needs of organisms. (Cognitive)

9. Describe the components of cells. (Cognitive)
10. Explain the functions of cells. (Cognitive)
11. Explain anerobic and aerobic metabolism. (Cognitive)
12. Describe the end products of metabolism. (Cognitive)
13. Describe the general types of tissues in the body. (Cognitive)
14. Describe the structure and function of epithelial tissue. (Cognitive)
15. Explain the types and properties of muscle tissue. (Cognitive)
16. Describe the role of connective tissue. (Cognitive)
17. Describe the structure and function of nerve tissue. (Cognitive)

### *Integumentary System*

18. Identify the following structures of the Integumentary System: (Cognitive)
 

Skin	Dermis
Epidermis	Sebaceous gland
Subcutaneous fat	Hair follicles
Sweat glands	
19. Describe the functions of the integumentary system and the components of the system. (Cognitive)
20. Describe and identify the different layers of skin. (Cognitive)
21. Identify the structures found in the dermis. (Cognitive)

### *Musculoskeletal System*

22. Describe the functions of the musculoskeletal system. (Cognitive)
23. Define the following terms: (Cognitive)
 

Appendicular skeleton	Axial skeleton
Bone	Tendon
Ligament	Joint
Synovial capsule	Cartilage
Deltoid	Gluteus maximus
Intercostal	Diaphragm
24. Identify the structures and landmarks of the appendicular skeleton: (Cognitive)
 

Humerus	Medial humoral condyle	Clavicle
Sternoclavicular joint	Acromioclavicular joint	Scapula
Olecranon	Glenhumoral joint	Radius
Carpals	Metacarpal	Ulna
Lateral humoral condyle	Phalanges or Digits (all)	Femur
Greater trochanter	Hip	Tibia
Fibula	Lateral femoral condyle	Ilium
Symphysis pubis	Ischium	Patella
Knee	Medial Malleolus	Ankle
Lateral malleolus	Tarsals	Metatarsals
25. Identify the following structures and landmarks of the axial skeleton: (Cognitive)
 

Skull bones	Mandible	Maxillae
Nasal bone	Hyoid bone	Vertabrae

- |  |               |                   |                 |
|--|---------------|-------------------|-----------------|
|  | Sternum       | Sternal landmarks | True ribs       |
|  | Floating ribs | False ribs        | Xyphoid process |
26. Locate and describe the following bones of the skull and face: (Cognitive)
- |              |               |                 |
|--------------|---------------|-----------------|
| Frontal bone | Mandible      | Mastoid process |
| Maxillae     | Zygomatic     | Occipital bone  |
| Nasal bone   | Parietal bone | Temporal bone   |
| Suture       |               |                 |
27. Identify and describe the following regions of the spinal column and the number of vertebrae in each: (Cognitive)
- |          |        |          |
|----------|--------|----------|
| Cervical | Sacral | Thoracic |
| Coccyx   | Lumbar |          |
28. Identify the major parts of a single vertebrae. (Cognitive)
29. Identify and describe the following structures of the chest: (Cognitive)
- |           |                 |                |
|-----------|-----------------|----------------|
| Clavicle  | Scapula         | Sternum        |
| Manubrium | Xiphoid process | Angle of Louis |
| Ribs      | Diaphragm       | Jugular notch  |
30. Identify and describe the following structures of the pelvis: (Cognitive)
- |        |         |       |
|--------|---------|-------|
| Ilium  | Ischium | Pubis |
| Sacrum |         |       |
31. Describe the various types of joints. (Cognitive)
32. Describe the purpose of muscle contraction. (Cognitive)
33. Describe causes of muscle fatigue and dysfunction. (Cognitive)

### *Respiratory System*

34. Identify the following structures and landmarks of the upper airway: (Cognitive)
- |            |         |         |
|------------|---------|---------|
| Nose       | Tongue  | Pharynx |
| Epiglottis | Glottis | Larynx  |
35. Identify the following structures and landmarks related to the lower airway: (Cognitive)
- |                 |               |                   |
|-----------------|---------------|-------------------|
| Trachea         | Bronchioles   | Mainstem bronchus |
| Carina          | Alveoli       | Visceral pleura   |
| Parietal pleura | Pleural fluid | Diaphragm         |
36. Define the following terms relating to the respiratory system: (Cognitive)
- |                |                        |                |
|----------------|------------------------|----------------|
| Nares          | Vallecula              | Vocal cords    |
| Pleural Space  | Intrathoracic pressure | Oxygen         |
| Carbon Dioxide | Hemoglobin             | Red blood cell |
| Capillary      | Hypoxia                | Anoxia         |
| Clinical death | Biological death       | Compliance     |
| Minute Volume  | Total lung capacity    | Vital Capacity |
37. Explain the process of respiration. (Cognitive)
38. Explain the process of inspiration and exhalation. (Cognitive)
39. List and explain the factors that influence adequate oxygenation. (Cognitive)
40. Explain the systems that work together to control ventilation. (Cognitive)
41. Differentiate between respiration and ventilation. (Cognitive)
42. Recall how much of the total supply of available O<sub>2</sub> the brain needs. (Cognitive)
43. Explain what influences the ability of oxygen to diffuse on to, and off of, the red blood cells. (Cognitive)
44. Explain the factors that influence the concentration of carbon dioxide in the body. (Cognitive)

45. Explain the difference between biological and clinical death. (Cognitive)
46. Define the time brain damage begins in the absence of oxygen. (Cognitive)

### *Cardiovascular System*

47. Define these terms: (Cognitive)  

Atrium	Ventricles	Valves
Pericardial Fluid	Epicardium	Endocardium
48. Explain the structures and functions of the cardiovascular system. (Cognitive)
49. Describe the components of blood. (Cognitive)
50. Explain and diagram the systemic circulation. (Cognitive)
51. Explain and diagram the pulmonary circulation. (Cognitive)
52. Explain the coronary circulation. (Cognitive)
53. Label the anatomy of the heart. (Cognitive)
54. Recall and explain the factors affecting blood pressure. (Cognitive)
55. List all of the major vessels from arteries to arterioles and veins to venules. (Cognitive)
56. Explain the factors that effect the size of blood vessels. (Cognitive)
57. Describe the factors necessary to maintain perfusion. (Cognitive)
58. Explain the pressure wave in the circulatory system and how it relates to the pulse. (Cognitive)
59. Identify the common pulse points. (Cognitive)
60. Trace a drop of blood through the circulatory system starting and ending at the inferior or superior vena cava. (Cognitive)

### *Nervous System*

61. Review the structure of the skeletal system as it relates to the nervous system. (Cognitive)
62. Identify the major portions of the brain and their functions. (Cognitive)
63. List the layers of meninges. (Cognitive)
64. Describe the role of cerebrospinal fluid. (Cognitive)
65. Describe and identify the components of the central nervous system. (Cognitive)
66. Describe and identify the components of the peripheral nervous system. (Cognitive)
67. Define and explain the functions of the somatic and autonomic nervous systems. (Cognitive)
68. Define and explain the functions of the sympathetic and the parasympathetic nervous systems. (Cognitive)
69. Explain the structure of a neuron, a nerve, and the spinal column. (Cognitive)
70. Describe the various roles of the cranial nerves. (Cognitive)
71. Identify the structures, and their functions, of the eye. (Cognitive)
72. Identify the function of the ear and the tympanic membrane. (Cognitive)

### *Abdomen (Gastro-Intestinal, Genito-Urinary, Endocrine, Immune System):*

73. Label a diagram of the abdominal quadrants. (Cognitive)
74. Identify the location of each organ in the abdomen and the specific quadrant that each organ is in. (Cognitive)

75. List the organs in the digestive system and their role in digestion. (Cognitive)
76. Describe the structure and function of the organs in the urinary tract. (Cognitive)
77. Describe the structure and function of the reproductive organs. (Cognitive)
78. Describe the structure and function of the organs in the endocrine system, especially the pancreas. (Cognitive)
79. Explain which organs and tissues play a role in functioning of the immune system. (Cognitive)
80. Define the terms antigen and antibody. (Cognitive)

## MODULE 1 Preparatory

### Baseline Vital Signs and SAMPLE History

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)
 

Vital signs	Chief complaint	LOC	Glasgow Coma Scale
Acute	Chronic	Symptom	Sign
Pulse	Bradycardia	Tachycardia	Pulse pressure
Blood pressure	Systolic pressure	Diastolic pressure	Auscultation
Palpation	Hypotension	Hypertension	Orthostatic vital signs
Pulse oximetry	Capillary refill	Ashen	Mottled
Pallor	Cyanosis	Ecchymosis	Jaundice
Dyspnea	Urticaria	Priapism	Trauma
Mechanism of injury	Laws of motion	Golden Hour	Emesis
Coffee grounds	Hematemesis	Hematuria	Melena
Hematochezia	Dolls eyes	Anisocoria	Petechiae
2. Identify the components of "vital signs".(Cognitive)
3. List the normal respiratory rates for adults. (Cognitive)
4. List the normal pulse rates for adults. (Cognitive)
5. List the normal blood pressure rates for adults. (Cognitive)
6. Describe the methods used to obtain a breathing rate. (Cognitive)
7. Identify the attributes that should be obtained when assessing breathing. (Cognitive)
8. Differentiate between shallow, labored and noisy breathing. (Cognitive)
9. Discuss signs of respiratory distress and respiratory failure. (Cognitive)
10. Describe sounds of airway restriction or airway occlusion. (Cognitive)
11. Discuss abnormal breath sounds possibly heard on auscultation. (Cognitive)
12. Describe the procedure used to auscultate breath sounds. (Cognitive)
12. Describe the universal sign of choking. (Cognitive)
13. Demonstrate the skills involved in assessment of breathing.(Psychomotor)
14. Identify locations, recognize the strength, regularity, and rate of the pulse. (Cognitive)
15. Describe the methods used to obtain a pulse rate. (Cognitive)
16. Identify the information obtained when assessing a patient's pulse. (Cognitive)
17. Demonstrate the skills associated with obtaining a pulse. (Psychomotor)
18. Describe the methods to assess the skin color, temperature, condition (capillary refill in infants and children). (Cognitive)
19. Identify the normal and abnormal skin colors. (Cognitive)
20. Differentiate between pale, ashen, cyanotic, red, mottled, and jaundiced skin color. (Cognitive)
21. Identify normal and abnormal skin temperature. (Cognitive)
22. Differentiate between hot, cool and cold skin temperature. (Cognitive)
23. Identify normal and abnormal skin conditions. (Cognitive)
24. Identify normal and abnormal capillary refill in infants and children. (Cognitive)
25. Demonstrate the skills associated with assessing the skin color, temperature, condition, and capillary refill in infants and children.(Psychomotor)
26. Explain the terms systole and diastole. (Cognitive)
27. Describe the procedures used to auscultate and palpate blood pressure. (Cognitive)

28. List and explain the main factors affecting blood pressure. (Cognitive)
29. Explain how the presence of pulse relates to the presence of blood pressure. (Cognitive)
30. Explain the significance of discovering an absent peripheral pulse. (Cognitive)
31. Demonstrate the skills associated with obtaining blood pressure. (Psychomotor)
32. Describe the assessment of sensory and motor function. (Cognitive)
33. Describe the assessment of a patient's pain. (Cognitive)
34. Describe the methods to assess the pupils. (Cognitive)
35. List the criteria used to evaluate pupils. (Cognitive)
36. Differentiate between dilated (big) and constricted (small) pupil size. (Cognitive)
37. Differentiate between reactive and non-reactive pupils and equal and unequal pupils. (Cognitive)
38. Demonstrate the skills associated with assessing the pupils. (Psychomotor)
39. Utilize the acronym S A M P L E in history taking. (Cognitive)
40. Explain the importance of obtaining a SAMPLE history. (Cognitive)
41. Utilize the acronym A V P U to evaluate level of consciousness. (Cognitive)
42. Describe the importance of observing behavioral changes as it relates to LOC. (Cognitive)
43. Demonstrate the skills associated with evaluating level of consciousness. (Psychomotor)
44. Discuss the need to search for additional medical identification. (Cognitive)
45. Explain the value of performing the baseline vital signs. (Affective)
46. Recognize and respond to the feelings patients experience during assessment. (Affective)
47. Defend the need for obtaining and recording an accurate set of vital signs. (Affective)
48. Explain the rationale of recording additional sets of vital signs. (Affective)
49. Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene. (Psychomotor)

### **Lifting and Moving Patients (Patient Handling)**

At the completion of this lesson, the EMT student will be able to:

1. Define body mechanics. (Cognitive)
2. Discuss the general considerations of moving patients. (Cognitive)
3. Describe the guidelines and safety precautions that need to be followed when lifting a patient or heavy equipment. (Cognitive)
4. Describe the safe lifting of cots and stretchers. (Cognitive)
5. Describe correct and safe carrying procedures on stairs. (Cognitive)
6. State the guidelines for reaching and their application. (Cognitive)
7. Describe correct reaching for log rolls. (Cognitive)
8. State the guidelines for pushing and pulling. (Cognitive)
9. State situations that may require the use of an emergency move. (Cognitive)
10. Discuss the positions of comfort for various patient conditions. (Cognitive)
11. Describe the differences between the following: (Cognitive)
 

Emergency move	Non-emergency move	Transfer
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12. Identify and/or describe the following one (1) person carries: (Cognitive)
 

The fire fighters drag	The clothes drag	The blanket drag
The fire fighters carry	The front cradle	The pack strap
The side crutch		
13. Identify and/or describe the following two (2) person carries: (Cognitive)
 

The extremity lift and carry	The seat (chair) lift and carry
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14. Identify and/or describe the following carrying devices: (Cognitive)
  - The side support crutch
  - Wheeled ambulance stretcher
  - Portable ambulance stretcher (pole stretcher)
  - Scoop stretcher
  - Stair chair
  - Basket (stokes) stretcher
  - Long spine board
  - SKED stretcher
15. Describe the special considerations for lifting the following types of patients: (Cognitive)
  - Geriatric                      Pediatric                      Handicapped
16. Working with a partner, prepare each of the following devices for use, transfer a patient to the device, properly position the patient on the device, move the device to the ambulance and load the patient into the ambulance: (Psychomotor)
  - Wheeled ambulance stretcher
  - Portable ambulance stretcher
  - Stair chair
  - Scoop stretcher
  - Long spine board
  - Basket stretcher
  - Flexible stretcher
17. Working with a partner, the EMT will demonstrate techniques for the transfer of a patient from an ambulance stretcher to a hospital stretcher.(Psychomotor)

## **MODULE 2    Airway, Oxygenation, Ventilation**

*(ETDLA)*

At the completion of this lesson, the EMT student will be able to:

1. Define the following terms: (Cognitive)
  - Head tilt chin lift                      Modified jaw thrust
  - Bag valve mask(BVM)                      Pocket mask
  - Nasopharyngeal airway(NPA)Oropharyngeal airway (OPA)
  - Yankauer suction device                      Gag reflex
  - Demand valve/Flow-Restricted Oxygen Powered Ventilation Device
2. List the signs of adequate breathing. (Cognitive)
3. List the signs of inadequate breathing. (Cognitive)
4. Describe the methods of manually opening an airway and explain when they are used. (Cognitive)
5. Describe which manual airway maneuver is most commonly used in the adult. (Cognitive)
6. Describe which manual airway maneuver is most commonly used in infants and children. (Cognitive)
7. Describe the appropriate method for manually opening an airway in a patient with possible c-spine injuries. (Cognitive)
8. Demonstrate the methods of opening an airway utilizing manual maneuvers on a medical or trauma patient.(Psychomotor)
9. List the indications and contraindications for using an oropharyngeal airway. (Cognitive)

10. Describe the benefits and risks of using an oropharyngeal airway. (Cognitive)
11. List the indications and contraindications for using a nasopharyngeal airway. (Cognitive)
12. Describe how to measure and insert oropharyngeal and nasopharyngeal airways. (Cognitive)
13. Demonstrate measurement and insertion of an OPA. (Psychomotor)
14. Demonstrate measurement and insertion of an NPA.(Psychomotor)
15. State the importance of having a suction unit ready for immediate use when providing emergency care.(Cognitive)
16. Recall how much airflow a suction unit should generate and how much vacuum is generated when the tubing is clamped.(Cognitive)
17. Describe how to measure and insert a rigid or flexible suction catheter.(Cognitive)
18. Describe the proper depth of insertion of a rigid or flexible suction catheter.(Cognitive)
19. Recall the maximum time for suctioning between ventilations.(Cognitive)
20. Describe the technique of suctioning. (Cognitive)
21. Demonstrate appropriate suctioning technique.(Psychomotor)
22. Describe how to assist the patient with a partially obstructed airway. (Cognitive)
23. Describe how to perform artificial ventilation using: (Cognitive)
 

bag valve mask	flow-restricted oxygen powered ventilation device
barrier device	pocket face mask
24. Describe which ventilation device delivers optimal ventilations and why.(Cognitive)
25. List the parts of a bag-valve-mask system. (Cognitive)
26. Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers. (Cognitive)
27. Describe the signs of adequate artificial ventilation using the bag-valve-mask. (Cognitive)
28. Describe the signs of inadequate artificial ventilation using the bag-valve-mask. (Cognitive)
29. Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device (demand valve). (Cognitive)
30. Discuss the pro's and con's of flow restricted, oxygen-powered ventilation device(demand valve). (Cognitive)
31. Demonstrate how to perform artificial ventilation using: (Psychomotor)
 

bag valve mask	flow restricted, oxygen-powered ventilation device
mouth-to-stoma	mouth-to-mouth with barrier device
pocket face mask	
32. Demonstrate ventilating a patient with a bag-valve-mask with one and two rescuers. (Psychomotor)
  
33. Recall the percent concentration and liter flow used with the following: (Cognitive)
 

nasal cannula	simple mask
partial non-rebreather	non-rebreather
BVM with/without reservoir	venturi mask
pocket mask	flow restricted, oxygen-powered ventilation device
34. Describe the differences and indications for administering oxygen via: (Cognitive)
 

nasal cannula	simple face mask
partial non-rebreather mask	non rebreather mask
35. Define the components of an oxygen delivery system. (Cognitive)
36. List the procedures for connecting, properly using, and disconnecting any oxygen

- regulator. (Cognitive)
37. List the steps in performing the actions taken when providing mouth-to-mouth (with barrier) and mouth-to-stoma artificial ventilation. (Cognitive)
  38. Explain the rationale for basic life support artificial ventilation and airway protection skills taking priority over most other basic life support skills.(Affective)
  39. Explain the rationale for providing adequate oxygenation through high inspired oxygen concentrations to patients who, in the past, may have received low concentrations. (Affective)
  40. Given a simulated patient scenario, choose the appropriate oxygen delivery device for the patient's condition. (Psychomotor)
  41. Demonstrate how to properly apply these devices and administer oxygen via:  
(Psychomotor)
 

nasal cannula	simple mask
partial non-rebreather	non-rebreather

#### *Advanced Airway (ETDLA)*

42. Discuss why the ETDLA is an optional piece of equipment for BLS units. (Cognitive)
43. List the indications for use of the ETDLA. (Cognitive)
44. List the contraindications for use of the ETDLA. (Cognitive)
45. Explain why the ETDLA most often inserts into the esophagus. (Cognitive)
46. Describe the procedure for insertion of the ETDLA. (Cognitive)
47. Describe the parts of the ETDLA and their purpose. (Cognitive)
48. Explain the situations for when an ETDLA would be removed. (Cognitive)
49. Describe the use of the ETDLA by ALS providers. (Cognitive)
50. Demonstrate insertion and removal of an ETDLA.(Psychomotor)

### **MODULE 3 Patient Assessment**

#### **Scene Size-up**

At the completion of this lesson, the EMT student will be able to:

1. Identify reasons for overviewing the scene. (Cognitive)
2. Identify hazards/potential hazards. (Cognitive)
3. Discuss the reason for identifying the total number of patients at the scene. (Cognitive)
4. Explain the reason for identifying the need for additional help or assistance. (Cognitive)
5. List the main criteria of a "load and go" situation. (Cognitive)
6. Discuss common mechanisms of injury/nature of illness.(Cognitive)

7. Recognize potential injuries due to mechanism of injury. (Cognitive)
8. Discuss the most common types of motor vehicle accidents (MVA). (Cognitive)
9. Explain and apply the main physical laws of motion, and how they relate to potential for trauma. (Cognitive)
10. Predict possible injuries by looking at the "up and over pattern" of trauma in an MVA. (Cognitive)
11. Predict possible injuries by looking at the "down and under pattern" of trauma in an MVA. (Cognitive)
12. Predict possible injuries by looking at a rear impact collision. (Cognitive)
13. Predict possible injuries by looking at lateral impact collision. (Cognitive)
14. Predict possible injuries by looking at roll-over MVA. (Cognitive)
15. Predict possible injuries as a result of blunt trauma. (Cognitive)
16. Predict possible injuries as a result of penetrating trauma. (Cognitive)
17. Discuss injury patterns as related to gunshot wounds. (Cognitive)
18. Discuss injury patterns as related to explosion forces. (Cognitive)
19. Discuss injury patterns as related to falls. (Cognitive)
20. Discuss the management of the scene with a trauma patient based on priority. (Cognitive)
21. Explain the rationale for crew members to evaluate scene safety prior to entering. (Affective)
22. Observe various scenarios and identify potential hazards.(Psychomotor)
23. Given a simulated patient scenario, determine if a scene is safe to enter.(Psychomotor)

### **MODULE 3 Patient Assessment**

#### **Initial Assessment**

At the completion of this lesson, the EMT student will be able to:

1. Summarize the reasons for forming a general impression of the patient. (Cognitive)
2. Explain the importance of forming a general impression of the patient.(Affective)
3. Discuss methods of assessing altered mental status. (Cognitive)
4. Differentiate between assessing the altered mental status in the adult, child and infant patient. (Cognitive)
5. Demonstrate the techniques for assessing mental status. (Psychomotor)
6. Discuss methods of assessing the airway in the adult, child and infant patient. (Cognitive)
7. Demonstrate the techniques for assessing the airway.(Psychomotor)
8. State reasons for management of the cervical spine once the patient has been determined to be a trauma patient. (Cognitive)
9. Describe methods used for assessing if a patient is breathing adequately. (Cognitive)
10. State what care should be provided to the adult, child and infant patient with adequate breathing. (Cognitive)
11. Differentiate between a patient with adequate and inadequate breathing. (Cognitive)
12. State what care should be provided to the adult, child and infant patient without adequate breathing. (Cognitive)
13. Distinguish between methods of assessing breathing in the adult, child and infant patient. (Cognitive)
14. Compare the methods of providing airway care to the adult, child and infant patient. (Cognitive)
15. Demonstrate the techniques for assessing if the patient is breathing.(Psychomotor)

16. Differentiate between obtaining a pulse in an adult, child and infant patient. (Cognitive)
17. Demonstrate the techniques for assessing if the patient has a pulse.(Psychomotor)
18. Discuss the need for assessing the patient for external bleeding. (Cognitive)
19. Demonstrate the techniques for assessing the patient for external bleeding. (Psychomotor)
20. Describe normal and abnormal findings when assessing skin color. (Cognitive)
21. Describe normal and abnormal findings when assessing skin temperature. (Cognitive)
22. Describe normal and abnormal findings when assessing skin condition. (Cognitive)
23. Describe normal and abnormal findings when assessing skin capillary refill in the infant and child patient. (Cognitive)
24. Demonstrate the techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only).(Psychomotor)
25. List in order the priority needs of the trauma patient. (Cognitive)
26. Explain the reason for prioritizing a patient for care and transport.(Affective)
27. Demonstrate the ability to prioritize patients.(Psychomotor)
28. Assess pain using the acronym O P Q R S T . (Cognitive)
29. Explain the difference between the subjective and objective interviews.(Affective)
30. Explain the terms and describe primary and secondary patient assessments.(Affective)
31. Demonstrate the assessment done in a Initial Assessment or Primary Survey. (Psychomotor)

### **MODULE 3 Patient Assessment**

#### **Focused History and Physical Exam: Trauma**

At the completion of this lesson, the EMT student will be able to:

1. Discuss the reasons for reconsideration concerning the mechanism of injury.(Cognitive)
2. State the reasons for performing a rapid trauma assessment. (Cognitive)
3. Recite examples and explain why patients should receive a rapid trauma assessment. (Cognitive)
4. Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. (Cognitive)
5. Differentiate when the rapid assessment may be altered in order to provide patient care. (Cognitive)
6. Discuss the reason for performing a focused history and physical exam. (Cognitive)
7. Demonstrate the rapid trauma assessment that should be used to assess a patient based on mechanism of injury. (Psychomotor)

### **MODULE 3 Patient Assessment**

#### **Focused History and Physical Exam: Medical**

At the completion of this lesson, the EMT student will be able to:

1. Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history. (Cognitive)
2. Differentiate between the history and physical exam that are performed for responsive patients with no known prior history and responsive patients with a known prior history. (Cognitive)
3. Describe the need for assessing an individual who is unresponsive. (Cognitive)
4. Differentiate between the assessment that is performed for a patient who is

- unresponsive, or has an altered mental status, and other medical patients requiring assessment. (Cognitive)
5. Attend to the feelings that patients might be experiencing during assessment.(Affective)
  6. Demonstrate the patient assessment skills that should be used to assist a patient who is responsive with no known history.(Psychomotor)
  7. Demonstrate the patient assessment skills that should be used to assist a patient who is unresponsive or has an altered mental status.(Psychomotor)

### **MODULE 3 Patient Assessment**

#### **Detailed Physical Exam**

At the completion of this lesson, the EMT student will be able to:

1. Discuss the components of the detailed physical exam. (Cognitive)
2. State the areas of the body that are evaluated during the detailed physical exam. (Cognitive)
3. Explain what additional care should be provided while performing the detailed physical exam. (Cognitive)
4. Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient. (Cognitive)
5. Demonstrate the skills involved in performing the detailed physical exam.(Psychomotor)

### **MODULE 3 Patient Assessment**

#### **On-Going Assessment**

At the completion of this lesson, the EMT student will be able to:

1. Discuss the reasons for repeating the initial assessment as part of the on-going assessment. (Cognitive)
2. Describe the components of the on-going assessment. (Cognitive)
3. Describe trending of assessment components. (Cognitive)
4. Explain the term "secondary survey" as it relates to the detailed exam and on-going assessment.(Affective)
5. Recognize and respect the feelings that patients might experience during assessment. (Affective)
6. Explain the value of trending assessment components to other health professionals who assume care of the patient.(Affective)
7. Demonstrate the skills involved in performing the on-going assessment.(Psychomotor)

### **MODULE 3 Patient Assessment**

#### **Communications**

At the completion of this lesson, the EMT student will be able to:

1. List the proper methods of initiating and terminating a radio call. (Cognitive)
2. State the proper sequence for delivery of patient information. (Cognitive)
3. Identify the essential components of the verbal report. (Cognitive)
4. Describe the attributes for increasing effectiveness and efficiency of verbal communications. (Cognitive)

5. State legal aspects to consider in verbal communication. (Cognitive)
6. Discuss the communication skills that should be used to interact with the patient. (Cognitive)
7. Discuss the communication skills that should be used to interact with the family, bystanders, individuals from other agencies while providing patient care and the difference between skills used to interact with the patient and those used to interact with others. (Cognitive)
8. List the correct radio procedures in the following phases of a typical call: (Cognitive)
  - To the scene
  - At the scene
  - To the facility
  - At the facility
  - To the station
  - At the station
9. Explain the importance of effective communication of patient information in the verbal report.(Affective)
10. Perform a simulated, organized, concise radio transmission.(Psychomotor)
11. Perform an organized, concise patient report that would be given to the staff at a receiving facility.(Psychomotor)

## **MODULE 3 Patient Assessment Documentation**

At the completion of this lesson, the EMT student will be able to:

1. Identify the various sections of the written report. (Cognitive)
2. Describe what information is required in each section of the prehospital care report and how it should be entered. (Cognitive)
3. Describe the special considerations concerning documentation of patient refusal. (Cognitive)
4. Describe the legal implications associated with the written report. (Cognitive)
5. Discuss all state and/or local record and reporting requirements. (Cognitive)
6. Identify and/or describe the following acronyms SOAPE and CHART. (Cognitive)
7. Explain the phrase "If it wasn't documented, it wasn't done". (Cognitive)
8. Explain how to correct a mistake made on a run report. (Cognitive)
9. Differentiate between a patient care report and an incident report. (Cognitive)
10. Explain the rationale for using an accurate and synchronous clock so that information can be used in trending. (Affective)
11. Defend the rationale for accurate patient care documentation. (Affective)
12. Explain the rationale for the EMS system gathering data. (Affective)
13. Explain the rationale for using medical terminology correctly. (Affective)
14. Complete a prehospital care report. (Psychomotor)

## **MODULE 3 Patient Assessment Special Patient Considerations**

At the completion of this lesson, the EMT student will be able to:

1. Define the terms: (Cognitive)  
Alzheimers Disease                      Elder Abuse  
Geriatric                                      Vertigo
2. Explain special communications required for geriatric patients. (Cognitive)
3. Explain special history taking and physical exam considerations for geriatric patients. (Cognitive)
4. Identify and/or describe delirium and dementia. (Cognitive)
5. Identify and/or describe abuse and neglect or geriatric patients. (Cognitive)
6. Explain the anatomical and physiological changes affecting the elderly. (Cognitive)
7. Describe modified techniques to communicate with the following types of patients: (Cognitive)  
Blind    Elderly  
Hearing impaired                      Non-English speaking patients

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

## General Pharmacology

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)

Intramuscular	Intradermal	Subcutaneous
Intravenous	Buccal	Oral
Action	Indication	Contraindication
Precaution	Side-effect	Hypersensitivity
Suspension	Generic name	
2. Identify sources of drug derivatives. (Cognitive)
3. Identify common routes of medication administration. (Cognitive)
4. Discuss the forms in which the medications may be found. (Cognitive)
5. Differentiate between the chemical name, generic name and trade name of a drug. (Cognitive)
6. Describe routes of medication administration from the slowest to fastest absorption. (Cognitive)
7. Identify which medications may be carried on the EMS unit. (Cognitive)
8. State the medications carried on the unit by the generic name. (Cognitive)
9. Identify the medications with which the EMT may assist the patient with administering. (Cognitive)
10. State the medications the EMT can assist the patient with by the generic name. (Cognitive)
11. Describe the steps to assisting a patient in taking their medication. (Cognitive)
12. State the action, the indications, the contraindications, the precautions, the common dose, and when to assist the patient, with these medications: (Cognitive)

Nitroglycerin	Metered Dose Bronchodilators
Activated Charcoal	Self-Injected Epinephrine preparations
Syrup of Ipecac	Oral Glucose preparations
Oxygen	
13. Demonstrate general steps for assisting patient with self-administration of medications, read the labels and inspect each type of medication. (Psychomotor)

## MODULE 4 Medical/Behavioral and Obstetrics/Gynecology

### Respiratory Emergencies

At the completion of this lesson, the EMT student will be able to:

1. Define the following terms: (Cognitive)
 

Apnea	Dyspnea	Tachypnea	Bradypnea
Hyperpnea	Hypopnea	Anoxia	Hypoxia
Hyperventilation	Hypoventilation	Retraction	Paradoxical
Aspiration	Embolism	Thrombosis	PO2
Kussmaul	Cheyne-stokes	Biots	Mucus
Pneumothorax	Flail chest	Hemothorax	Sputum
Asthma	COPD	Hemoptysis	
Sub-Q emphysema	Pleural Decompression		
Tracheal deviation			
2. Describe these terms as they relate to breath sounds, or description of respirations: (Cognitive)
 

Equal	Diminished	Normal	Rhonchi
Absent	Abnormal	Rales	Cough
Stridor	Crowing	Wheezing	Hiccough
Snoring	Grunting	Adventitious	
3. Review the structure and function of the respiratory system. (Cognitive)
4. Review assessment of breathing. (Cognitive)
5. State the signs and symptoms of a patient with breathing difficulty. (Cognitive)
6. List signs of adequate air exchange. (Cognitive)
7. Describe the emergency medical care of the patient with breathing difficulty. (Cognitive)
8. Recognize the need for medical direction to assist in the care of the patient with breathing difficulty. (Cognitive)
9. Establish the relationship between airway management and the patient with breathing difficulty. (Cognitive)
10. Distinguish between the emergency medical care of the infant, child and adult patient with breathing difficulty. (Cognitive)
11. Recognize the signs of airway obstruction. (Cognitive)
12. Recognize the signs and symptoms of laryngeal spasm or edema. (Cognitive)
13. Use the mechanism of injury to predict potential laryngeal spasm or edema. (Cognitive)
14. Differentiate between upper airway obstruction and lower airway disease in the infant and child patient. (Cognitive)
15. Recognize the signs and symptoms, describe the common causes of aspiration. (Cognitive)
16. List respiratory illnesses that are considered to be Chronic Obstructive Pulmonary Diseases. (Cognitive)
17. Explain the pathophysiology of asthma. (Cognitive)
18. List common factors that may induce an asthma attack. (Cognitive)
19. Describe the signs and symptoms of an asthma attack. (Cognitive)
20. Define "status asthmaticus" and explain its implications. (Cognitive)
21. Explain the pathophysiology of chronic bronchitis. (Cognitive)
22. Recognize the signs and symptoms of chronic bronchitis. (Cognitive)
23. Explain the pathophysiology of emphysema. (Cognitive)
24. Recognize the signs and symptoms of emphysema. (Cognitive)

25. Explain hypoxic drive and its implications. (Cognitive)
26. Define "pink puffer" and "blue bloater".(Cognitive)
27. Define and recognize the signs and symptoms of pulmonary embolism. (Cognitive)
28. Define and recognize the signs and symptoms of pneumonia. (Cognitive)
29. Define and recognize the signs and symptoms of hyperventilation syndrome. (Cognitive)
30. Describe the emergency medical care provided to patients with respiratory difficulty. (Cognitive)
31. Demonstrate the general emergency medical care for breathing difficulty.(Psychomotor)
32. Demonstrate the treatment of airway obstruction.(Psychomotor)
33. Perform the steps in facilitating the use of an inhaler.(Psychomotor)

### *Chest Injury*

34. Recognize a rib fracture as a possible respiratory emergency. (Cognitive)
35. Describe the signs and symptoms of a possible rib fracture. (Cognitive)
36. Differentiate between fractured ribs and a flail chest. (Cognitive)
37. Recognize the signs and symptoms of a flail chest. (Cognitive)
38. Demonstrate the management of a patient with rib fractures or with a flail chest. (Psychomotor)
39. Recognize the signs and symptoms of a closed pneumothorax. (Cognitive)
40. Recognize the signs and symptoms of an open pneumothorax. (Cognitive)
41. Describe immediate treatment for an open pneumothorax. (Cognitive)
42. Demonstrate the treatment for a open or closed pneumothorax. .(Psychomotor)
43. Define tension pneumothorax and explain the pathophysiology. (Cognitive)
44. Recognize the signs and symptoms of a tension pneumothorax. (Cognitive)
45. Differentiate between tension pneumothorax and pneumothorax. (Cognitive)
46. Demonstrate treatment for a tension pneumothorax. (Psychomotor)
47. Recognize the signs and symptoms of hemothorax. (Cognitive)
48. Define traumatic asphyxia. (Cognitive)
49. Define the "paper bag syndrome" as it relates to traumatic asphyxia. (Cognitive)
50. Recognize the signs and symptoms of traumatic asphyxia. (Cognitive)
51. Define and recognize myocardial contusion. (Cognitive)
52. Define and recognize pericardial tamponade. (Cognitive)
53. Demonstrate the treatment for pericardial tamponade.(Psychomotor)
54. Define and recognize pulmonary contusion. (Cognitive)
55. Demonstrate the treatment for myocardial or pulmonary contusion.(Psychomotor)
56. Explain the general emergency medical care for a patient with a possible chest injury. (Cognitive)
57. Demonstrate the general emergency medical care for a patient with a chest injury. (Psychomotor)

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

### **Cardiac Emergencies (AED, CPR)**

At the completion of this lesson, the EMT student will be able to:

1. Define the following terms: (Cognitive)

Systemic Circulation	Pulmonary Circulation	Coronary Circulation
Coronary Artery Disease	Arteriosclerosis	Atherosclerosis
Epigastrium	Angina Pectoris	Acute Myocardial Infarction
Dysrhythmia	Ischemia	Infarction
Necrosis	Lumen	Occlusion
By-pass Surgery	Artificial Pacemaker	Cardiac Arrest
Asystole	Ventricular Fibrillation	PEA
Defibrillation	Dependent lividity	Cardiogenic Shock
Cholesterol	Nitroglycerin	Conductivity
Congestive Heart Failure	Pedal Edema	Pulmonary Edema
2. Review the structure and function of the cardiovascular system. (Cognitive)
3. List and define the two major forms of Coronary Artery Disease (CAD). (Cognitive)
4. List controllable risk factors of CAD. (Cognitive)
5. List uncontrollable risk factors of CAD. (Cognitive)
6. List minor risk factors of CAD. (Cognitive)
7. Recognize signs or symptoms of angina pectoris. (Cognitive)
8. Differentiate between angina pectoris and myocardial infarction. (Cognitive)
9. Recognize the signs and symptoms of a myocardial infarction. (Cognitive)
10. Explain the pathophysiology of a myocardial infarction. (Cognitive)
11. Recall the major consequences of a myocardial infarction. (Cognitive)
12. Discuss the position of comfort for patients with various cardiac emergencies. (Cognitive)
13. List the indications for the use of nitroglycerin. (Cognitive)
14. State the contraindications and side effects for the use of nitroglycerin. (Cognitive)
15. Perform the steps in facilitating the use of nitroglycerin for chest pain or discomfort. (Psychomotor)
16. Recognize the need for medical direction to assist in the emergency medical care of the patient with chest pain. (Cognitive)
17. Describe the general emergency medical care of the patient experiencing chest pain/discomfort. (Cognitive)
18. Explain the importance of prehospital ACLS intervention if it is available for the cardiac patient. (Cognitive)
19. Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support, if it is not available in the prehospital setting for the cardiac patient. (Affective)
20. Demonstrate the emergency medical care of the patient experiencing chest pain. (Psychomotor)
21. Recall the most common cause of CHF. (Cognitive)
22. Recognize signs and symptoms of CHF. (Cognitive)
23. Differentiate the signs and symptoms of left and right sided heart failure. (Cognitive)
24. Describe the emergency medical care for the patient with CHF. (Cognitive)
25. Demonstrate the general emergency medical care for a patient with CHF. (Psychomotor)
26. Describe cardiac arrest and its implications. (Cognitive)

27. Define the primary cause of cardiac arrest in children.(Cognitive)
28. List the cardiac dysrhythmias that produce cardiac arrest. (Cognitive)
29. Recall the time frame for onset of permanent brain damage. (Cognitive)
30. Explain why not all chest pain patients experience a cardiac arrest and do not need to be attached to an automated external defibrillator.(Cognitive)
31. Define the role of EMT in the emergency cardiac care system.(Cognitive)
32. Define and list the indications for automated external defibrillation (AED). (Cognitive)
33. List the contraindications for automated external defibrillation. (Cognitive)
34. Discuss the fundamentals of early defibrillation and its priority in patient care. (Cognitive)
35. State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator. (Cognitive)
36. Explain the impact of age and weight on defibrillation. (Cognitive)
37. Discuss the various types of automated external defibrillators. (Cognitive)
38. Differentiate between the fully automated and the semi-automated defibrillator. (Cognitive)
39. List the steps to operation, and discuss what must be taken into consideration for standard operations of the various types of automated external defibrillators. (Cognitive)
40. Discuss the circumstances which may result in inappropriate shocks. (Cognitive)
41. Explain the considerations for interruption of CPR, when using the automated external defibrillator. (Cognitive)
42. Discuss the advantages and disadvantages of automated external defibrillators. (Cognitive)
43. Summarize the speed of operation of automated external defibrillation. (Cognitive)
44. Discuss the use of remote defibrillation through adhesive pads. (Cognitive)
45. Discuss the special considerations for rhythm monitoring. (Cognitive)
46. Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance. (Cognitive)
47. Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator.(Cognitive)
48. Explain the reason for pulses not being checked between shocks with an automated external defibrillator. (Cognitive)
49. Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators.(Cognitive)
50. Discuss the standard of care that should be used to provide care to a patient with persistent or recurrent ventricular fibrillation and no available ACLS. (Cognitive)
51. List the components of and discuss the importance of post-resuscitation care. (Cognitive)
52. Explain the importance of frequent practice with the automated external defibrillator. (Cognitive)
53. Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist. (Cognitive)
54. Explain the role medical direction plays in the use of automated external defibrillation. (Cognitive)
55. Demonstrate the application and operation of the automated external defibrillator. (Psychomotor)
56. Demonstrate the maintenance of an automated external defibrillator. (Psychomotor)
57. Demonstrate the emergency medical care of the patient in cardiac arrest. (Psychomotor)

## **Cardio Pulmonary Resuscitation**

**(all CPR training should be referred to AHA or ARC standards)**

1. Identify the circumstances in which the rescuer is not responsible for initiating CPR. (Cognitive)
2. Recognize the circumstances when CPR can be stopped once began. (Cognitive)
3. List reasons CPR may be temporarily interrupted. (Cognitive)
4. List the signs of effective CPR. (Cognitive)
5. List the complications of CPR. (Cognitive)
6. Give the rates and ventilation to compression ratio for infant, child and adult CPR. (Cognitive)
7. Describe the procedure for chest compressions during infant, child and adult CPR. (Cognitive)
8. List the suggested depth for chest compression for infant, child and adult CPR. (Cognitive)
9. Skillfully perform CPR in accordance to the AHA or ARC standards.(Psychomotor)
10. Recognize gastric distention. (Cognitive)
11. Determine the cause of gastric distention and how to relieve it. (Cognitive)
12. Recognize the most common cause of airway obstruction. (Cognitive)
13. Describe the procedures for removal of a foreign body causing complete airway obstruction. (Cognitive)
14. Demonstrate removal of foreign body objects causing airway obstruction in conscious or unconscious patients (infant, child, adult).(Psychomotor)

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

### **Diabetic Emergencies/ Altered Mental Status**

At the completion of this lesson, the EMT student will be able to:

1. Define the following terms: (Cognitive)

Metabolism	Glucose	Insulin
Diabetes Mellitus	Hypoglycemia	Hyperglycemia
Ketones	Ketoacidosis	
Polydipsia	Polyphagia	Polyuria
2. Describe the process of glucose metabolism. (Cognitive)
3. Define and qualify Type I diabetes (IDDM). (Cognitive)
4. Define and qualify Type II diabetes (NIDDM). (Cognitive)
5. List the signs and symptoms of the onset of diabetes. (Cognitive)
6. List the complications of diabetes as a long term condition. (Cognitive)
7. Explain the pathophysiology of hyperglycemia and ketoacidosis. (Cognitive)
8. Recognize and list signs and symptoms of hyperglycemia. (Cognitive)
9. Recognize signs and symptoms of diabetic ketoacidosis (diabetic coma). (Cognitive)
10. Describe the appropriate treatment for diabetic ketoacidosis (diabetic coma). (Cognitive)
11. Explain the pathophysiology of hypoglycemia and insulin shock. (Cognitive)
12. Recognize and list signs and symptoms of hypoglycemia and insulin shock. (Cognitive)
13. Describe the appropriate treatment for hypoglycemia and insulin shock. (Cognitive)
14. Identify the patient taking diabetic medications with altered mental status and the implications of a diabetes history. (Cognitive)
15. List important questions to ask the patient with a possible diabetic emergency. (Cognitive)
16. Differentiate, looking at signs and symptoms, between ketoacidosis (diabetic coma) and hypoglycemia (insulin shock). (Cognitive)
17. Establish the relationship between airway management and the patient with altered mental status. (Cognitive)
18. State the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose. (Cognitive)
19. Evaluate the need for medical direction in the emergency medical care of the diabetic patient. (Cognitive)
20. Explain the rationale for administering oral glucose.(Affective)
21. Efficiently assess patients for any diabetic emergency.(Psychomotor)
22. Demonstrate the steps in the emergency medical care for the patient taking diabetic medicine with an altered mental status and a history of diabetes.(Psychomotor)
23. Demonstrate the steps in the administration of oral or buccal glucose.(Psychomotor)

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

### **Allergies**

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)

Antibody	Antigen	Epinephrine
Urticaria	Anaphylaxis	Antihistamine
2. Discuss the role of histamine as produced during an allergic reaction. (Cognitive)
3. Describe the mechanisms of allergic response and the implications for airway management. (Cognitive)
4. Recognize the patient experiencing an allergic reaction. (Cognitive)
5. Describe the emergency medical care of the patient with an allergic reaction. (Cognitive)
6. Establish the relationship between the patient with an allergic reaction and airway management. (Cognitive)
7. State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector. (Cognitive)
8. Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction. (Cognitive)
9. Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine auto-injector. (Cognitive)
10. List signs and symptoms of anaphylactic shock. (Cognitive)
11. Describe the pathophysiology of anaphylactic shock. (Cognitive)
12. Describe the emergency medical care for the patient in anaphylactic shock. (Cognitive)
13. Demonstrate the emergency medical care of the patient experiencing an allergic reaction. (Psychomotor)
14. Demonstrate the use of epinephrine auto-injector. (Psychomotor)
15. Demonstrate the emergency medical care of the patient experiencing anaphylactic shock. (Psychomotor)

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

### **Poisoning/Overdose**

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)

Substance abuse	Addiction	Dependency
Poison	Activated charcoal	Psychologic dependence
Overdose	Emesis	Narcotic
Depressant	Stimulant	Hallucinogen
Contaminated	Toxin	Neurotoxic
Antidote	Antivenin	Rabies
Botulism	Gastric lavage	Alcoholism
Envenomation	Venom	Acute Alcohol Poisoning
Withdrawal	Delirium Tremens	Venous Tourniquet
2. List the routes in which poisons can enter the body. (Cognitive)

3. List common sources of ingested poisons. (Cognitive)
4. List signs and symptoms of poison ingestion. (Cognitive)
5. State which age group is most commonly effected by poisoning. (Cognitive)
6. Describe the general steps in the emergency medical care for the patient with suspected poisoning. (Cognitive)
7. List common sources of inhaled poisons. (Cognitive)
8. Explain the pathophysiology and list the signs and symptoms of carbon monoxide poisoning. (Cognitive)
9. List signs and symptoms of inhalation poisoning. (Cognitive)
10. Discuss the emergency medical care for the patient with possible inhalation poisoning. (Cognitive)
11. Identify and/or describe the signs and symptoms from the following bites and stings: (Cognitive)
 

Brown Recluse spiders	Black Widow spiders	Marine animals
Scorpions	Pit vipers	Coral snakes
12. Identify and/or describe the treatments for the following bites and stings: (Cognitive)
 

Brown Recluse spiders	Black Widow spiders	Marine animals
Scorpions	Pit vipers	Coral snakes
13. Discuss the various common sources of substance abuse. (Cognitive)
14. Discuss the implications of long term substance abuse. (Cognitive)
15. Discuss the emergency medical care for the patient with possible overdose. (Cognitive)
16. Identify and/or describe the signs and symptoms of the following types of overdoses: (Cognitive)
 

Alcohol	Amphetamine	Hallucinogen	Aspirin
Sedative	Narcotic		
Tricyclic anti-depressant		Tylenol	
17. Identify and/or describe the treatments for the following types of overdoses: (Cognitive)
 

Alcohol	Amphetamine	Hallucinogen
Aspirin	Narcotic	Sedative
Tricyclic anti-depressant		Tylenol
18. Establish the relationship between the patient suffering from poisoning or overdose and airway management. (Cognitive)
19. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for Syrup of Ipecac and activated charcoal. (Cognitive)
20. Recognize the need for medical direction in caring for the patient with poisoning or overdose. (Cognitive)
21. List the problems associated with chronic alcoholism. (Cognitive)
22. Describe alcohol withdrawal and delirium tremens. (Cognitive)
23. Describe the general management of the patient experiencing drug withdrawal. (Cognitive)
24. Demonstrate the steps in the emergency medical care for the patient with suspected poisoning. (Psychomotor)
25. Demonstrate the steps in the emergency medical care for the patient with possible overdose. (Psychomotor)
26. Perform the necessary steps required to provide a patient with activated charcoal. (Psychomotor)

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology Environmental Emergencies**

At the completion of this lesson, the EMT student will be able to:

1. Define the following: (Cognitive)

Alpha particles	Beta particles	Neutrons	Gamma ray
Frostbite	Frostnip	Gangrene	
Near-drowning	Drowning	Submersion	
2. State the body's normal temperature in Fahrenheit and Centigrade degrees. (Cognitive)
3. List the methods that most efficiently cool the body. (Cognitive)
4. Describe the pathophysiology of heat cramps. (Cognitive)
5. List the signs and symptoms of heat cramps. (Cognitive)
6. List the appropriate treatment for heat cramps. (Cognitive)
7. Describe the pathophysiology of heat exhaustion. (Cognitive)
8. List the signs and symptoms of heat exhaustion. (Cognitive)
9. List the appropriate treatment for heat exhaustion. (Cognitive)
10. Describe the pathophysiology of heat stroke. (Cognitive)
11. List the signs and symptoms of heat stroke. (Cognitive)
12. List the appropriate treatment for heat stroke. (Cognitive)
13. When presented with patient information, differentiate between heat cramps, heat exhaustion and heat stroke. (Cognitive)
14. Recognize the importance of slow cooling a patient with heat exhaustion. (Cognitive)
15. Recognize the urgency of cooling a patient suffering from heat stroke. (Cognitive)
16. Explain the steps in providing emergency care to a patient exposed to heat. (Cognitive)
17. Demonstrate the assessment and emergency medical care of a patient with exposure to heat. (Psychomotor)
18. Describe the various ways that the body loses heat. (Cognitive)
19. Define hypothermia. (Cognitive)
20. Describe the mechanisms that the body uses to generate heat. (Cognitive)
21. Recognize the signs and symptoms of hypothermia. (Cognitive)
22. List the appropriate treatment for the hypothermic patient. (Cognitive)
23. Describe the treatment of the hypothermic patient in cardiac arrest and how it differs from a cardiac arrest patient with normal body temperature. (Cognitive)
24. Describe how much re-warming of the hypothermic patient should be attempted in the field. (Cognitive)
25. Explain the steps in providing emergency medical care to a patient exposed to cold. (Cognitive)
26. Recognize the signs and symptoms of frostnip and frostbite. (Cognitive)
27. List the appropriate treatment for frostnip and frostbite. (Cognitive)
28. Discuss re-warming the frostbitten patient in the field if the potential for re-exposure to cold temperatures exists. (Cognitive)
29. Recognize the signs and symptoms of freezing. (Cognitive)
30. Differentiate between frostbite, frostnip and freezing. (Cognitive)
31. Demonstrate the assessment and emergency medical care of a patient with exposure to

- cold.(Psychomotor)
32. Identify the rules for water rescue in regard for the safety of rescuers and the victim(s). (Cognitive)
  33. Explain why spinal injuries should always be suspected in water related emergencies. (Cognitive)
  34. Describe the proper procedures for removing a victim from the water when a spinal injury is suspected. (Cognitive)
  35. Differentiate between the conditions of drowning and near-drowning. (Cognitive)
  36. List factors that contribute to the occurrence of drowning. (Cognitive)
  37. Describe the complications of near drowning. (Cognitive)
  38. Describe the difference between a fresh water drowning and a saltwater drowning. (Cognitive)
  39. Describe the difference between a wet drowning and a dry drowning. (Cognitive)
  40. Describe the mammalian diving reflex. (Cognitive)
  41. Discuss the implications of hypothermia as it relates to the treatment of the near drowning patient. (Cognitive)
  42. Explain the protocol for drowning and initiation of CPR in accordance with the AHA. (Cognitive)
  43. Explain that diving emergencies can happen on the surface, during descent and ascent, and on the bottom. (Cognitive)
  44. Explain the pathophysiology of air embolism, nitrogen narcosis and decompression illness. (Cognitive)
  45. Describe appropriate treatment for "the bends" and pulmonary embolism. (Cognitive)
  46. Describe how water injuries in children may possibly be related to child abuse or neglect. (Cognitive)
  47. Demonstrate the assessment and emergency medical care of a near drowning patient. (Cognitive)
  48. Explain the rescuer's first responsibility in regard to radiation exposure. (Cognitive)
  49. Recognize the indications of radioactivity. (Cognitive)
  50. List the tools needed to accurately evaluate an exposure to radiation. (Cognitive)
  51. List the ramifications of a long-term exposure to radiation. (Cognitive)
  52. List the ramifications of a short-term exposure to radiation. (Cognitive)
  53. List the possible signs and symptoms of radiation exposure. (Cognitive)
  54. List the proper steps in decontaminating a patient. (Cognitive)
  55. Describe the importance of not cross-contaminating patients, and wounds. (Cognitive)
  56. Describe the importance of the EMT remaining upwind, uphill, and upstream. (Cognitive)
  57. Demonstrate the assessment and treatment of a patient exposed to radiation.(Psychomotor)

#### **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology Behavioral Emergencies**

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)  
Suicide                      Homicidal patient                      Crisis

Depression	Mania	Delusions
Disorganization	Paranoia	Hallucinations
Disorientation	Phobia	Psychosis
Disruptive behavior	Regression	Hysteria
Domestic violence	Schizophrenia	Catatonic

2. Define behavioral emergencies. (Cognitive)
3. Discuss the general factors that may cause an alteration in a patient's behavior. (Cognitive)
4. State the various reasons for psychological crises. (Cognitive)
5. Discuss the special considerations for assessing a patient with behavioral problems. (Cognitive)
6. Explain the role drugs and alcohol play in behavioral emergencies. (Cognitive)
7. Explain how substance abuse effects a patient's behavior. (Cognitive)
8. List physical problems which can be caused by psychiatric problems. (Cognitive)
9. Discuss the general principles of an individual's behavior which suggests that he is at risk for violence. (Cognitive)
10. Discuss methods to calm behavioral emergency patients. (Cognitive)
11. List steps to initiate crisis management procedures. (Cognitive)
12. Discuss the characteristics of an individual's behavior which suggests that the patient is at risk for suicide. (Cognitive)
13. Discuss special medical/legal considerations for managing behavioral emergencies. (Cognitive)
14. Describe the actions taken by the EMT for the following situations: (Cognitive)
 

Aggressive behavior	Assault
Domestic violence	Rape victims
Suicide attempt	
15. Identify and describe the signs and symptoms for the following: (Cognitive)
 

Anxiety	Depression	Domestic violence
Mania	Schizophrenia	Suicidal tendencies
16. Describe the emergency medical treatment for the patient with the following: (Cognitive)
 

Anxiety	Depression	Domestic violence
Mania	Schizophrenia	Suicide attempt
17. List the indications and procedures for restraining a violent patient. (Cognitive)
18. Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency.(Affective)
19. Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency.(Psychomotor)
20. Demonstrate various techniques to safely restrain a patient with a behavioral problem. (Psychomotor)

#### **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

##### **Obstetrics/Gynecology**

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)
 

Uterus	Cervix	Vagina	Ovaries
Fallopian tubes	Endometrium	Placenta	Perineum
Fetus	FHT	Umbilical cord	Amniotic fluid/sac

Natal	Prenatal	Antepartum	Post partum
Para	Gravida	Term	Dilation
Primipara	Primigravida	Multipara	Multigravida
Crowning	Bloody Show	Presenting Part	Neonate
Prolapsed cord	Nuchal Cord	Ectopic Pregnancy	Abortion
Spontaneous abortion	Inevitable abortion	Incomplete abortion	Missed abortion
Therapeutic abortion	Abruptio placenta	Placenta previa	Post-partum hemorrhage
Eclampsia	Pre-eclampsia	Uterine inversion	Cesarean Section
Meconium			

2. Describe the anatomy and physiologic changes that occur during pregnancy. (Cognitive)
3. Identify and/or describe the stages of labor. (Cognitive)
4. List the information gathered from an obstetrics patient. (Cognitive)
5. Identify and explain the use of the contents of an obstetrics kit. (Cognitive)
6. Identify the conditions that may cause a pre-delivery emergency. (Cognitive)
7. Identify conditions that may cause bleeding pre-delivery. (Cognitive)
8. Describe management of bleeding pre-delivery. (Cognitive)
9. Describe possible complications due to trauma in the pregnant woman. (Cognitive)
10. Explain the effects of pregnancy on pre-existing conditions such as: (Cognitive)
  - a. Diabetes
  - b. Hypertension
  - c. Cardiac problems
11. List the conditions that contribute to a high risk pregnancy. (Cognitive)
12. State the indications of an imminent delivery. (Cognitive)
13. State the steps in the pre-delivery preparation of the mother. (Cognitive)
14. List the steps for assisting with a normal delivery. (Cognitive)
15. Explain how each of the following relate to the delivery of the baby: (Cognitive)
  - a. Timing of the contractions
  - b. Rupture of membranes and/or "bag of water"
  - c. Sensation of needing a bowel movement.
16. Define and explain the management of Supine Hypotensive Syndrome. (Cognitive)
17. Describe care of the baby as the head appears. (Cognitive)
18. Describe how and when to cut the umbilical cord. (Cognitive)
19. Demonstrate necessary care procedures of the fetus as the head appears. (Psychomotor)
20. Demonstrate the steps to assist in the normal cephalic delivery. (Psychomotor)
21. Demonstrate how and when to cut the umbilical cord. (Psychomotor)
22. Explain the procedure for when the amniotic sac remains intact following delivery of the infant's face. (Cognitive)
23. List the care of the newborn infant immediately following delivery. (Cognitive)
24. Summarize neonatal resuscitation procedures. (Cognitive)
25. Demonstrate neonatal resuscitation procedures. (Psychomotor)
26. Demonstrate post delivery care of infant. (Psychomotor)
27. Explain the role of the placenta. (Cognitive)
28. Discuss the steps in the delivery of the placenta. (Cognitive)
29. List the steps in the emergency medical care of the mother post-delivery. (Cognitive)
30. Demonstrate the post-delivery care of the mother. (Psychomotor)
31. Discuss signs of prolonged delivery and the management. (Cognitive)
32. Describe the procedures for the following abnormal deliveries: (Cognitive)
  - a. Breech birth

- b. Prolapsed cord or nuchal cord
- c. Limb presentation
33. Describe the management of a multiple birth delivery. (Cognitive)
34. Describe special considerations for the presence of meconium. (Cognitive)
35. Describe special considerations for the delivery of a premature baby. (Cognitive)
36. Identify and/or describe the signs and symptoms for the following: (Cognitive)
 

Ectopic pregnancy	Abortion	Abruptio placentae
Pre-eclampsia	Eclampsia	Placenta previa
Prolapsed cord	Uterine inversion	Post partum hemorrhage
Uterine rupture		
37. When given a patient scenario, identify the following specific conditions being described: (Cognitive)
 

Ectopic pregnancy	Abortion	Abruptio placentae
Pre-eclampsia	Eclampsia	Placenta previa
Prolapsed cord	Uterine inversion	Post partum hemorrhage
Uterine rupture	Supine Hypotension	
38. When given a patient scenario, identify the appropriate treatment for the specific condition listed: (Cognitive)
 

Ectopic pregnancy	Abortion	Abruptio placentae
Pre-eclampsia	Eclampsia	Placenta previa
Prolapsed cord	Uterine inversion	Post partum hemorrhage
Uterine rupture	Supine Hypotension	
39. Demonstrate the procedures for the following abnormal conditions: (Psychomotor)
 

vaginal bleeding	breech birth
prolapsed cord	limb presentation
40. Demonstrate the steps in the emergency medical care of the mother with excessive bleeding, pre or post delivery. (Psychomotor)
41. List common causes of gynecological emergencies. (Cognitive)
42. Define Pelvic Inflammatory Disease and list the signs and symptoms. (Cognitive)
43. Discuss specific assessment and questioning of the patient with a possible gynecological emergency. (Cognitive)
44. Discuss the emergency medical care of a patient with a gynecological emergency. (Cognitive)
45. Demonstrate care of the patient with a gynecological emergency.(Psychomotor)
46. Discuss the goals for caring for a patient following sexual assault. (Cognitive)
47. Describe the general emergency medical care of the patient following sexual assault. (Cognitive)
48. Demonstrate the appropriate care of the patient following sexual assault.(Psychomotor)

## **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

### **Abdominal Illness**

At the completion of this lesson, the EMT student will be able to:

1. Define the following terms: (Cognitive)
 

Acute abdomen	Void	Incontinence	Constipation
Diarrhea	Anorexia	Heartburn	Colic
Malignant	Benign	Ulcer	Gastritis
Gastroenteritis	Cholecystitis	Appendicitis	Colitis

Diverticulitis	Pancreatitis	Peritonitis	AAA
Esophageal reflux	Esophageal varices	Coffee ground emesis	
Hematemesis	Melena	Hematochezia	Hematuria
Dysuria	Urinary retention		
Renal colic	Vertigo	Referred Pain	
Rebound Tenderness			

- List and describe possible causes of an "acute abdomen".(Cognitive)
- Explain how to examine the abdomen by palpation. (Cognitive)
- Accurately report patient assessment findings by referring to abdominal quadrants. (Cognitive)
- Recall the signs and symptoms of the "acute abdomen".(Cognitive)
- Utilize the terms guarding, rigidity, referred pain and tenderness to describe abdominal pain. (Cognitive)
- Describe the concerns associated with vomiting. (Cognitive)
- Describe positioning of the patient who is at risk to vomiting. (Cognitive)
- Recall potential complications of the "acute abdomen".(Cognitive)
- Describe the signs and symptoms of the patient with an abdominal aortic aneurysm (AAA). (Cognitive)
- Describe the emergency medical care of the patient with possible AAA. (Cognitive)
- Describe potential causes of hematuria. (Cognitive)
- Describe the general emergency medical care of the patient with possible "acute abdomen". (Cognitive)
- Demonstrate the management of the patient with an acute abdomen. (Psychomotor)

#### **MODULE 4 Medical/Behavioral and Obstetrics/Gynecology**

##### **Central Nervous System Illness (Stroke, Seizure)**

- Define these terms: (Cognitive)
 

Aneurysm	Embolus	Thrombus	Meningitis
Aura	Clonic Tonic	Status Epilepticus	
Paraplegia	Quadriplegia	Hemiplegia	Deficit
Coma	Aphasia		
- Describe the risks for an unconscious patient found supine. (Cognitive)
- Explain the priority of an unconscious patient. (Cognitive)
- List the possible causes of unconsciousness. (Cognitive)
- Review the emergency medical care of the unconscious patient. (Cognitive)
- Demonstrate the general emergency medical care of the unconscious patient. (Psychomotor)
- Define seizure. (Cognitive)
- Explain possible causes of a seizure. (Cognitive)
- Explain the pathophysiological cause of seizures. (Cognitive)
- List different types of seizures. (Cognitive)

11. Describe possible signs and symptoms that accompany a seizure. (Cognitive)
12. Describe the phases of a generalized seizure (grand mal). (Cognitive)
13. Describe the importance of airway management in the patient experiencing a seizure. (Cognitive)
14. Differentiate a generalized seizure from a febrile seizure. (Cognitive)
15. Describe the assessment and emergency medical care of the seizure patient. (Cognitive)
16. Demonstrate proper care of a patient experiencing a seizure. (Psychomotor)
17. Define Cerebro Vascular Accident. (Cognitive)
18. Define Transient Ischemic Attack. (Cognitive)
19. List the pre-disposing risk factors for Cerebro Vascular Accident. (Cognitive)
20. List causes of interrupted blood flow. (Cognitive)
21. List signs and symptoms of CVA/TIA. (Cognitive)
22. Describe the emergency medical care of the patient with a possible CVA. (Cognitive)
23. Demonstrate the treatment of the patient with a CVA.(Psychomotor)
24. List and recognize the signs and symptoms of meningitis. (Cognitive)
25. Describe the emergency medical care of the patient with meningitis. (Cognitive)
26. Demonstrate the treatment of the patient with meningitis.(Psychomotor)

## **MODULE 5 Trauma**

### **Bleeding and Shock**

*(PASG and IV Maintenance)*

At the completion of this lesson, the EMT student will be able to: (Cognitive)

1. Define the following terms:
 

Hemorrhage	Hematoma	Perfusion
Hypovolemia	Relative Hypovolemia	Hypoperfusion
Shock	Syncope	Ecchymosis
Direct pressure	Pressure Point	Tourniquet
Trendelenburg	Closed wound	Open wound
Blunt trauma	Dressing	Bandage
Occlusive dressing	Guarding	Rigidity
2. Review the structure and function of the circulatory system. (Cognitive)
3. Understand the importance of utilizing personal protective equipment when dealing with any body substance. (Cognitive)
4. Establish the relationship between airway management and the trauma patient. (Cognitive)
5. Recognize and differentiate between arterial, venous and capillary bleeding. (Cognitive)
6. Approximate the time it takes for venous blood to clot. (Cognitive)
7. Approximate the time it takes for arterial blood to clot. (Cognitive)
8. List the order, and describe treatments to be used to control external bleeding. (Cognitive)
9. State the general emergency medical care of external bleeding. (Cognitive)
10. Demonstrate direct pressure as a method of emergency medical care of external bleeding. (Psychomotor)
11. List the functions of dressing and bandaging. (Cognitive)
12. Describe the steps in applying a pressure dressing. (Cognitive)

13. Describe the use of pressure points. (Cognitive)
14. Recall the precautions when using a tourniquet. (Cognitive)
15. Describe the effects of improperly applied dressings and tourniquets. (Cognitive)
16. List problems associated with the use of tourniquets. (Cognitive)
17. Demonstrate the use of pressure points and tourniquets as a method of emergency medical care of external bleeding. (Psychomotor)
18. List the signs of internal bleeding. (Cognitive)
19. List different sources of internal bleeding. (Cognitive)
20. Establish the relationship between mechanism of injury and internal bleeding. (Cognitive)
21. List and describe the steps of emergency medical care for the patient with signs and symptoms of internal bleeding. (Cognitive)
22. Recognize the need for rapid transport when dealing with internal bleeding. (Cognitive)
23. Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding. (Psychomotor)
24. List conditions that could cause epistaxis. (Cognitive)
25. Describe the treatment to control epistaxis that is not associated with a skull fracture. (Cognitive)
26. Describe the treatment used to control epistaxis that may be associated with a skull fracture. (Cognitive)
27. Demonstrate the care of the patient with epistaxis. (Psychomotor)
28. List the physiologic factors necessary for adequate tissue oxygenation. (Cognitive)
29. Describe the role of the sympathetic nervous system in the maintenance of tissue perfusion. (Cognitive)
30. Describe the stages of shock. (Cognitive)
31. List the general signs and symptoms of shock (hypoperfusion). (Cognitive)
32. Identify the signs and symptoms associated with each stage of shock. (Cognitive)
33. Define the early signs and symptoms of shock. (Cognitive)
34. Describe which vitals signs are generally the last to change in shock. (Cognitive)
35. Accurately give the amounts of blood loss for adult, child and infant that could potentially cause shock. (Cognitive)
36. Describe the amount of blood loss that an adult can compensate for, without any signs or symptoms of shock. (Cognitive)
37. Given a radial, carotid, or femoral pulse, estimate the patient's BP. (Cognitive)
38. Explain the purpose of assessing jugular vein fullness in relationship to hypovolemia. (Cognitive)
39. Define what amount of blood would be considered an acute loss of blood. (Cognitive)
40. Identify causes for the various types of shock. (Cognitive)
41. Explain the pathophysiology of the following types of shock: (Cognitive)
 

Metabolic	Hypovolemic (Hemorrhagic)
Cardiogenic	Neurogenic
Respiratory	Septic
Psychogenic	Anaphylactic
42. Identify specific signs and symptoms for each type of shock. (Cognitive)
43. State the steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion). (Cognitive)
44. Explain the sense of urgency to transport patients that are bleeding and show signs of shock (hypoperfusion). (Affective)
45. Demonstrate the care of the patient exhibiting signs and symptoms of shock (hypoperfusion). (Psychomotor)

46. List possible causes of dehydration. (Cognitive)
47. Relate the condition of dehydration to hypovolemic shock. (Cognitive)
48. Describe the management of the dehydrated patient. (Cognitive)
49. Give examples of what would cause overhydration in a patient. (Cognitive)
50. List signs and symptoms of overhydration. (Cognitive)
51. Describe emergency medical care for the overhydrated patient. (Cognitive)

#### *PASG (MAST)*

52. List the indications for inflation of PASG. (Cognitive)
53. List the absolute contraindications for the inflation of PASG. (Cognitive)
54. List precautions or alterations of use in regard to inflation of PASG. (Cognitive)
55. Explain the procedure for applying and inflation of the PASG. (Cognitive)
56. Explain the procedure for removal of PASG. (Cognitive)
57. Discuss current controversies in the use of PASG. (Affective)
58. Demonstrate the application of PASG. (Psychomotor)

#### *I.V. Maintenance*

59. List the purposes for starting an I.V. (Cognitive)
60. List the types of patients which an EMT may accept care for, in relation to IV therapy. (Cognitive)
61. List the types of patients which an EMT may not accept care for, in relation to IV therapy. (Cognitive)
62. List the procedures for properly monitoring an I.V.'s patency. (Cognitive)
63. List IV therapy techniques that the EMT may not perform. (Cognitive)
64. Identify and/or describe the following types of administration sets: (Cognitive)  
Macro drip                      Micro drip                      Blood or "y" type tubing
65. List the indications for the following types of administration sets: (Cognitive)  
Macro                              Micro                              Blood tubing
66. List common peripheral IV sites. (Cognitive)
67. Explain the difference between peripheral and central venipuncture sites. (Cognitive)
68. State the common types of IV fluids used. (Cognitive)
69. Explain the postural and positional effects on the flow of IV fluid. (Cognitive)
70. Explain techniques for stopping an I.V. (Cognitive)
71. List complications of I.V. therapy. (Cognitive)

## **MODULE 5 Trauma**

### **Soft Tissue Injuries** (*Face, Throat, and Eye Injuries, Abdominal Injury, Burns*)

At the completion of this lesson, the EMT student will be able to:

1. Define the following: (Cognitive)
 

Abrasion	Amputation	Laceration
Contusion	Evisceration	Avulsion

- |                   |                    |                    |
|-------------------|--------------------|--------------------|
| Puncture wound    | Perforating trauma | Penetrating trauma |
| Crushing injury   | Impaled object     | Evisceration       |
| Hematochezia      | Ileus              | Peritonitis        |
| Iris              | Aqueous humor      | Vitreous humor     |
| Blow out fracture | Pupil              | Retina             |
| Conjunctiva       | Sclera             | Cornea             |
| Lacrimal system   | Doll's eyes        | Hyphena            |
2. Define and recognize the types of closed soft tissue injuries. (Cognitive)
  3. Define and recognize the types of open soft tissue injuries. (Cognitive)
  4. Describe the common signs of soft tissue injury. (Cognitive)
  5. Describe the emergency medical care of the patient with a closed soft tissue injury. (Cognitive)
  6. Demonstrate the steps in the emergency medical care of closed soft tissue injuries. (Psychomotor)
  7. Describe the emergency medical care of the patient with an open soft tissue injury. (Cognitive)
  8. Demonstrate the steps in the emergency medical care of open soft tissue injuries. (Psychomotor)
  9. Describe the management for an avulsed or amputated body part. (Cognitive)
  10. Demonstrate the steps in the emergency medical care of a patient with an avulsion or amputation. (Psychomotor)
  11. Describe the management of an impaled object. (Cognitive)
  12. Demonstrate the steps in the emergency medical care of a patient with an impaled object. (Psychomotor)
  13. Describe the treatment for an evisceration. (Cognitive)
  14. Establish the relationship between airway management and the patient with chest injury, blunt or penetrating injuries. (Cognitive)
  15. Review the emergency medical care considerations for a patient with a penetrating chest injury. (Cognitive)
  16. Demonstrate the steps in the emergency medical care of a patient with an open chest wound. (Psychomotor)
  17. List common causes of abdominal injury. (Cognitive)
  18. List the signs and symptoms of abdominal injury. (Cognitive)
  19. Explain the relationship between abdominal injury and unstable pelvic fractures. (Cognitive)
  20. Explain the risk of shock in relation to abdominal injury. (Cognitive)
  21. Describe the emergency medical care for a patient with possible abdominal injury. (Cognitive)
  22. Discuss the emergency medical care considerations for a patient with an open wound to the abdomen. (Cognitive)
  23. Differentiate the complications between an injury to a vascular abdominal organ verses a hollow type organ. (Cognitive)
  24. Differentiate the care of an open wound to the chest from an open wound to the abdomen. (Cognitive)
  25. Describe the relationship between rib fractures and abdominal injury. (Cognitive)
  26. Demonstrate the steps in the emergency medical care of a patient with open abdominal wounds. (Psychomotor)
  27. Identify and describe the treatments for face and scalp injuries. (Cognitive)
  28. Describe the relationship between facial injuries and head injury. (Cognitive)

29. Describe the relationship between facial injuries and spinal injury. (Cognitive)
30. Describe the effect a facial injury may have in regard to airway obstruction. (Cognitive)
31. Identify and describe the signs and symptoms of the following injuries to the face, throat, neck and eyes: (Cognitive)
 

Impaled objects	Punctures	Lacerations
Avulsions	Contusions	Abrasions
Inner ear injury	Foreign body to the eye	Blunt injury to neck
32. Identify and describe the treatments of the following injuries to the face, throat, neck and eyes: (Cognitive)
 

Impaled objects	Punctures	Lacerations
Avulsions	Contusions	Abrasions
Inner ear injury	Foreign body to the eye	Blunt injury to neck
33. List specific treatment for an open wound to the neck area. (Cognitive)
34. Describe the implications of a penetrating injury to the neck. (Cognitive)
35. Explain the difference in care for arterial and venous bleeding from the neck. (Cognitive)
36. Explain why face and scalp injuries may bleed profusely. (Cognitive)
37. Explain why demand valve ventilation is contraindicated in the presence of injury to the larynx or trachea. (Cognitive)
38. List the procedures for removing contact lenses. (Cognitive)
39. List the procedure for removing a foreign body from the eye. (Cognitive)
40. Explain the possible causes for a change in the appearance or function of the eye. (Cognitive)
41. List signs and symptoms of blunt trauma injury to the eye. (Cognitive)
42. Describe the management of blunt or penetrating trauma to the eye. (Cognitive)
43. Demonstrate the steps in the emergency medical care of a face, scalp, neck, or eye injury. (Psychomotor)

### *Burns*

44. Define these terms: (Cognitive)
 

1st degree burn	Superficial burn
2nd degree burn	Partial thickness burn
3rd degree burn	Full thickness burn
Laryngospasm	
45. List potential causes of burn injury. (Cognitive)
46. List the classifications of burns. (Cognitive)
47. List the characteristics of a superficial burn. (Cognitive)
48. List the characteristics of a partial thickness burn. (Cognitive)
49. List the characteristics of a full thickness burn. (Cognitive)
50. Describe how to determine the severity of burns. (Cognitive)
51. Explain and utilize the "Rule of Nines".(Cognitive)
52. Identify and/or describe specific signs and symptoms of light burns, electrical burns, chemical burns, radiation burns and thermal burns. (Cognitive)
53. Establish the relationship between airway management and burn injuries. (Cognitive)
54. Describe the general emergency medical treatment for a patient with a thermal burn injury. (Cognitive)
55. Describe the emergency medical care of the patient with a superficial burn. (Cognitive)
56. Demonstrate the steps in the emergency medical care of a patient with superficial burns.

- (Psychomotor)
57. Describe the emergency medical care of the patient with a partial thickness burn. (Cognitive)
  58. Demonstrate the steps in the emergency medical care of a patient with partial thickness burns. (Psychomotor)
  59. Describe the emergency medical care of the patient with a full thickness burn. (Cognitive)
  60. Demonstrate the steps in the emergency medical care of a patient with full thickness burns. (Psychomotor)
  61. Describe the emergency medical treatment for a patient with a chemical burn injury. (Cognitive)
  62. Explain which patients with burn injury are at risk of hypovolemic shock. (Cognitive)
  63. Demonstrate the emergency medical care for patients with chemical or thermal burns. (Psychomotor)
  64. List common causes of burns injury to the eye. (Cognitive)
  65. Identify and describe the signs and symptoms for a thermal, chemical, or light burn to the eye. (Cognitive)
  66. Identify and describe the treatments for a thermal, chemical, or light burn to the eye. (Cognitive)
  67. Describe specific steps to assessment of the patient with an electrical burn injury. (Cognitive)
  68. Describe the emergency medical treatment for a patient with a electrical burn injury. (Cognitive)
  69. Explain the relationship between electrical burn injury and cardiac complications. (Cognitive)
  70. Describe the differences between low voltage and high voltage exposures. (Cognitive)
  71. Describe the possible complications from a lightning injury. (Cognitive)
  72. Demonstrate the treatment for patients with light burns, electrical and radiation burns. (Psychomotor)

## **MODULE 5 Trauma**

### **Musculoskeletal Care**

At the completion of this lesson, the EMT student will be able to:

1. Define the following terms: (Cognitive)
 

Bone	Tendon	Ligament
Joint	Dislocation	Fracture
Closed fracture	Open fracture	Rigid splint
Colles fracture	Sprain	Strain
Traction	Traction splint	Angulated fracture
2. Review the structures and function of the muscular system. (Cognitive)
3. Review the structures and function of the skeletal system. (Cognitive)
4. Identify the major anatomical structures of a bone. (Cognitive)
5. Identify and/or describe the signs and symptoms for closed fracture, dislocation, open fracture, sprain, and strain. (Cognitive)
6. Describe signs and symptoms for these specific fractures: (Cognitive)
 

Foot	Ankle	Knee	Tibia/Fibula
Hip	Pelvis	Femur	Humerus
Elbow	Radius/Ulna	Shoulder	Wrist

- |  |      |        |  |  |
|--|------|--------|--|--|
|  | Hand | Finger |  |  |
|--|------|--------|--|--|
7. Describe signs and symptoms for these specific dislocations, or sprains: (Cognitive)
 

Foot	Ankle	Knee	Tibia/Fibula
Hip	Pelvis	Femur	Humerus
Elbow	Radius/Ulna	Shoulder	Wrist

Hand	Finger		
------	--------	--	--
  8. Describe the assessment procedures for impaired circulation, muscle damage, and nerve damage. (Cognitive)
  9. Explain the priority of care for musculoskeletal injuries. (Cognitive)
  10. List the signs and symptoms of sciatic nerve or radial nerve injury. (Cognitive)
  11. Describe which fractures are most likely to cause hypovolemic shock. (Cognitive)
  12. Describe the concerns for injury at a joint. (Cognitive)
  13. Explain the potential for blood loss from a femur fracture and pelvic fracture. (Cognitive)
  14. Describe the injuries to be suspected in a fall from a great height. (Cognitive)
  15. Describe the injuries to be suspected in a geriatric patient after a fall. (Cognitive)
  16. Identify and/or describe the treatment for the closed fracture, dislocation, open fracture, sprain and strain. (Cognitive)
  17. Identify and/or describe the immobilization techniques used for fractures or dislocations of the: (Cognitive)
 

Foot	Ankle	Knee	Tibia/Fibula
Hip	Pelvis	Femur	Humerus
Elbow	Radius/Ulna	Shoulder	Wrist

Hand	Finger		
------	--------	--	--
  18. State the reasons for splinting. (Cognitive)
  19. List the general rules of splinting. (Cognitive)
  20. List the complications of splinting. (Cognitive)
  21. Explain the indications for using a traction splint. (Cognitive)
  22. Explain the rationale for splinting at the scene versus splinting enroute, or not splinting. (Cognitive)
  23. Demonstrate immobilization of various musculoskeletal injuries.(Psychomotor)
  24. Demonstrate emergency medical care for the patient with a musculoskeletal injury. (Psychomotor)

## MODULE 5 Trauma

### Injuries to the Head and Spine

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)
 

Cerebro Spinal Fluid	Neutral Position	Priapism
Epidural	Sub-dural	Sub-arachnoid
Intracerebral	Decorticate	Coup-contre-coup
Decerebrate	Flaccid	Subluxation
2. Review the structures and functions of the central nervous system. (Cognitive)
3. Describe the treatment of a bleeding scalp wound in relation to possible skull fracture. (Cognitive)
4. Describe and recognize major signs and symptoms of a skull fracture. (Cognitive)
5. Explain the terms "battles sign" and "raccoon eyes".(Cognitive)

6. Explain the management of leaking CSF from a head wound, or orifice, and the significance. (Cognitive)
7. Recognize signs and symptoms of cerebral concussion. (Cognitive)
8. Explain the seriousness of a cerebral concussion. (Cognitive)
9. Recognize signs and symptoms of cerebral contusion. (Cognitive)
10. Explain the relationship of a cerebral contusion and increasing intracranial pressure. (Cognitive)
11. Describe or identify acute, sub-acute or a chronic sub-dural hematoma. (Cognitive)
12. Recognize changes in blood pressure as it relates to intracranial pressure in a closed head injury. (Cognitive)
13. Describe and recognize signs of "posturing". (Cognitive)
14. Describe the signs of shock related to severe head injury. (Cognitive)
15. Explain the presence of hypovolemic shock in the head injured patient. (Cognitive)
16. Describe the treatment of the patient with an open or closed head injury. (Cognitive)
17. Explain the use of hyperventilation for the closed head injured patient. (Cognitive)
18. Explain the use of the modified jaw thrust in patients with suspected head, or neck trauma. (Cognitive)
19. Explain the rationale for closely monitoring the head injured, immobilized patient for vomiting and aspiration. (Cognitive)
20. Identify "load and go" situations in regard to patients with central nervous systems injuries. (Cognitive)
21. Describe the method of determining if a responsive patient may have a spine injury. (Cognitive)
22. Explain the situations when spinal injury should be suspected. (Cognitive)
23. Describe what forms of motion typically cause severe spinal injury. (Cognitive)
24. Relate mechanism of injury to potential injuries of the head and spine. (Cognitive)
25. Describe the types of spinal cord injury. (Cognitive)
26. Recognize signs and symptoms of a spinal cord injury. (Cognitive)
27. Describe assessment of sensory and motor function as part of a neurological exam. (Cognitive)
28. Explain at what time during patient care should the neurological exam be performed. (Cognitive)
29. Demonstrate evaluating a responsive patient with a suspected spinal cord injury. (Psychomotor)
30. Demonstrate assessment of sensory and motor function as part of a neurological exam. (Psychomotor)
31. Describe the implications for spinal injuries not receiving appropriate care. (Cognitive)
32. Explain the complications associated with spinal cord injuries. (Cognitive)
33. Demonstrate opening the airway in a patient with suspected spinal cord injury. (Psychomotor)
34. Describe how to stabilize the cervical spine. (Cognitive)
35. Demonstrate stabilization of the cervical spine. (Psychomotor)
36. Explain how to properly measure or choose the correct size cervical collar for a patient. (Cognitive)
37. Demonstrate the proper application of a cervical collar. (Psychomotor)
38. Describe the situations when a helmet should be removed in the trauma patient. (Cognitive)
39. Demonstrate appropriate helmet removal. (Psychomotor)

40. Demonstrate how to log roll a patient with a suspected spine injury. (Psychomotor)
41. Describe how to immobilize a patient using a long back board. (Cognitive)
42. Demonstrate how to secure a patient to a long back board. (Psychomotor)
43. List instances when a short back board should be used. (Cognitive)
44. Describe how to immobilize a patient using a short back board. (Cognitive)
45. Demonstrate immobilization using the short back board device. (Psychomotor)
46. Describe the indications for the use of a rapid extrication procedure. (Cognitive)
47. List the steps in performing a rapid extrication procedure. (Cognitive)
48. Explain the rationale for utilizing rapid extrication in life and death situations. (Cognitive)
49. Demonstrate the procedure for rapid extrication. (Psychomotor)
50. Describe the emergency medical care for a patient with suspected spinal injury. (Cognitive)
51. Describe the complete immobilization procedure for a patient with suspected spinal injury. (Cognitive)
52. Demonstrate the proper immobilization the patient with suspected head, neck or spinal trauma. (Psychomotor)
53. Explain special considerations in caring for trauma of the geriatric patient. (Affective)
54. Demonstrate the emergency medical care of a geriatric trauma patient. (Psychomotor)

## MODULE 6 Infants and Children

At completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)
 

Cephalocaudal development	Dehydration
Aspirated foreign body	Epiglottitis
Asthma	Status asthmaticus
Bronchiolitis	Laryngo-tracheal-bronchitis (LTB)
Croup	Sepsis
Reye's syndrome	Congenital heart disease
Sudden Infant Death Syndrome(SIDS)	Febrile seizure
2. Describe differences in anatomy and physiology of the infant and child, from the adult patient. (Cognitive)
3. List the different age groups for pediatrics. (Cognitive)
4. Identify the developmental considerations for the following age groups: (Cognitive)
 

infants	toddlers	
pre-school	school age	adolescent
5. Describe the appropriate methods of interviewing a child during the patient assessment. (Cognitive)
6. Differentiate between the physical exam of an infant or child, from that of an adult. (Cognitive)
7. Differentiate the response of the ill, or injured, infant or child (age specific) from that of an adult. (Cognitive)
8. Differentiate between the assessment of level of consciousness in the infant or child, from that done with an adult patient. (Cognitive)
9. List the normal ranges of vital signs for an infant and child. (Cognitive)
10. Demonstrate the assessment of the infant and child.(Psychomotor)
11. Identify and/or describe the signs and symptoms of the following

- pediatric conditions: (Cognitive)
- |                        |                          |
|------------------------|--------------------------|
| Aspirated foreign body | Epiglottitis             |
| Asthma                 | Status asthmaticus       |
| Bronchiolitis          | LTB/Croup                |
| Febrile seizure        | Sepsis                   |
| Reye's Syndrome        | Congenital heart disease |
| Dehydration            | Meningitis               |
12. Identify and/or describe the treatments for the following pediatric conditions: (Cognitive)
- |                        |                          |
|------------------------|--------------------------|
| Aspirated foreign body | Epiglottitis             |
| Asthma                 | Status asthmaticus       |
| Bronchiolitis          | LTB/Croup                |
| Febrile seizure        | Sepsis                   |
| Reye's Syndrome        | Congenital heart disease |
| Dehydration            | Meningitis               |
13. List the average age ranges for the following conditions to occur: (Cognitive)
- |               |                 |
|---------------|-----------------|
| Bronchiolitis | Epiglottitis    |
| LTB/ Croup    | Reye's syndrome |
14. Describe the appearance of the anterior fontanelle of an infant when dehydration or meningitis occurs. (Cognitive)
15. Differentiate between respiratory distress and respiratory failure in the infant or child. (Cognitive)
16. Summarize emergency medical care strategies for respiratory distress and respiratory failure. (Cognitive)
17. Describe the indications of a partially obstructed airway in the pediatric patient. (Cognitive)
18. Describe the management of a partially obstructed airway in the pediatric patient. (Cognitive)
19. Demonstrate the techniques of foreign body airway obstruction removal in the infant or child. (Psychomotor)
20. Differentiate the delivery of oxygen and ventilation to the pediatric patient from that provided to the adult. (Cognitive)
21. Demonstrate oxygen delivery for the infant and child. (Psychomotor)
22. Demonstrate bag-valve-mask artificial ventilations for the infant and child. (Psychomotor)
23. Determine how much blood a pediatric patient has based on the patient's weight. (Cognitive)
24. Describe how the assessment of hypovolemic shock differs in the infant or child, from the assessment of the adult. (Cognitive)
25. Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient. (Cognitive)
26. Differentiate the infant or child's ability to compensate for hypovolemia, from that of the adult patient. (Cognitive)
27. State the usual cause of cardiac arrest in infants and children versus adults. (Cognitive)
28. Describe the signs of Sudden Infant Death Syndrome and the most common age group effected. (Cognitive)
29. Describe the management of the cardiac arrest patient that may be due to SIDS. (Cognitive)
30. List the common causes of seizures in the infant and child patient. (Cognitive)

31. Describe the management of seizures in the infant and child patient. (Cognitive)
32. Describe the complications associated with hypothermia in the ill, or injured child. (Cognitive)
33. Differentiate between the injury patterns in adults, infants, and children. (Cognitive)
34. Discuss the common mechanisms of injury found with pediatric trauma. (Cognitive)
35. Discuss the field management of the infant and child trauma patient. (Cognitive)
36. Describe the immobilization techniques used with children and how they differ from that of an adult patient. (Cognitive)
37. Demonstrate appropriate spinal immobilization of the infant or child. (Psychomotor)
38. Identify and/or describe the signs and symptoms for the following pediatric traumatic injuries: (Cognitive)
 

Head and spine injuries	Chest injuries
Abdominal injuries	Pelvic and genital injuries
Injuries to the extremities	Burns
39. Identify and/or describe the treatments for the following pediatric conditions: (Cognitive)
 

Head and spine injuries	Chest injuries
Abdominal injuries	Pelvic and genital injuries
Injuries to the extremities	Burns
40. Identify and/or describe the signs and symptoms, or indicators related to child abuse. (Cognitive)
41. Identify and/or describe the management of the patient with suspected abuse. (Cognitive)
42. Describe the medical legal responsibilities in suspected child abuse. (Cognitive)
43. Describe the behavior of the EMT during the management of suspected abuse. (Cognitive)
44. Describe how to support the families during a pediatric emergency. (Cognitive)
45. Understand the rationale for having knowledge and skills appropriate for dealing with the infant and child patient. (Affective)

## **MODULE 7 Operations**

### **Ambulance Operations**

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)
 

Type I ambulance	Type II ambulance	Type III ambulance
Chassis set	Hydroplane	Fender judgement
Medical Control Authority	Intervener Physician	
On-Line Medical Control	Direct Medical Control	
Indirect Medical Control		
2. Discuss the medical and non-medical equipment needed to respond to a call. (Cognitive)
3. List the phases of an ambulance call. (Cognitive)
4. State what information is essential in order to respond to a call. (Cognitive)
5. Discuss various situations that may affect response to a call. (Cognitive)
6. Summarize the importance of preparing the unit for the next response. (Cognitive)
7. Identify what is essential for completion of a call. (Cognitive)
8. List the items on an ambulance that should be inspected daily for proper function. (Cognitive)
9. List contributing factors to unsafe driving conditions. (Cognitive)

10. Discuss rationale for use of excessive speed. (Cognitive)
11. Describe the techniques used to stop a vehicle from hydroplaning. (Cognitive)
12. List rules for parking the ambulance at an emergency scene. (Cognitive)
13. Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories: (Cognitive)
  - a. Speed
  - b. Warning lights
  - c. Sirens
  - d. Right-of-way
  - e. Parking
  - f. Turning
14. Describe the considerations that should be given to: (Cognitive)
  - a. Request for escorts
  - b. Following an escort vehicle
  - c. Intersections
15. Discuss "Due Regard For Safety of All Others" while operating an emergency vehicle. (Cognitive)

## **MODULE 7 Operations**

### **Gaining Access (Rescue Extrication)**

At the completion of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)
 

Confined Space	Cribbing	Extrication
Packaging	Protective Clothing	Rescue
Size Up	Tempered Glass	Personal Floatation Device
Heavy rescue	Light rescue	Medium rescue
2. Describe the purpose of extrication. (Cognitive)
3. Discuss the role of the EMT in extrication. (Cognitive)
4. Identify what equipment for personal safety is required for the EMT during a rescue. (Cognitive)
5. Define the fundamental components of extrication. (Cognitive)
6. State the steps that should be taken to protect the patient during extrication. (Cognitive)
7. Evaluate various methods of gaining access to the patient. (Cognitive)
8. Distinguish between simple and complex access. (Cognitive)
9. Identify and/or describe the following phases of a rescue operation: (Cognitive)
 

Assessment	Gaining access
Emergency care	Disentanglement
Removal	Transport
10. List the possible types of hazards at a rescue scene. (Cognitive)
11. Describe the common hazards associated with rescue operations at a motor vehicle crash. (Cognitive)
12. List situations in which patients may have to be moved prior to complete stabilization. (Cognitive)
13. Name the hand tools used in light extrication. (Cognitive)

14. List situations that require special skills or equipment during rescue operations. (Cognitive)
15. Identify and/or describe information that should be gathered during scene assessment. (Cognitive)
16. Identify precautions that should be taken with a water rescue. (Cognitive)
17. Identify precautions that should be taken for a rescue in a confined space. (Cognitive)
18. Discuss the implications for working with varied specialty rescue operations. (Cognitive)

## **MODULE 7 Operations**

### **Overviews (Hazardous Materials, Triage, Disaster Planning)**

At the completion of this lesson, the EMT student will be able to:

#### *Triage/Disaster Planning*

1. Define these terms: (Cognitive)
 

Triage	Triage Officer
Incident Command Officer	Incident Command System
Transportation Officer	Medical Commander
Communications Officer	Staging Area
Multiple Casualty Incident	Mass Casualty Incident
Critical Incident Stress Debriefing	Post-traumatic stress disorder
Closed Disaster	Open Disaster
2. Discuss common rules of triage. (Cognitive)
3. Explain the categorization of patients during triage. (Cognitive)
4. Explain how triage tags are used. (Cognitive)
5. List the order in which injuries of a trauma patient are treated in an MCI. (Cognitive)
6. Describe how to set up a triage staging area. (Cognitive)
7. Describe the criteria for a multiple-casualty incident. (Cognitive)
8. Discuss the role of the EMT in the multiple-casualty incident. (Cognitive)
9. Define the role of the EMT in a disaster operation. (Cognitive)
10. Describe basic concepts of the incident command system. (Cognitive)
11. Given a simulated patient scenario, identify which priority should be given to the patient. (Cognitive)
12. Describe the roles of these personnel during a mass casualty incident: (Cognitive)
 

Medical/EMS command	Triage officer	Transportation officer
Treatment officer	Staging officer	
13. Review the local mass casualty incident plan. (Cognitive)

#### *Hazardous Materials*

14. Define these terms: (Cognitive)
 

Hazardous Materials Scene	Manifest	Rule of thumb
Contamination	Decontamination	
15. Describe the recognition of the hazardous materials incident. (Cognitive)
16. Describe the implications for contacting additional resources. (Cognitive)
17. Explain the EMT's role during a call involving hazardous materials, or potentially involving a hazard. (Cognitive)
18. Describe the actions that an EMT should take to ensure bystander safety. (Cognitive)
19. State the role the EMT should perform until appropriately trained personnel arrive at the scene of a hazardous materials situation. (Cognitive)
21. Break down the steps to approaching a hazardous situation. (Cognitive)
22. Discuss the various environmental hazards that affect EMS. (Cognitive)
23. Explain the methods for preventing contamination of self, equipment and facilities. (Cognitive)
24. Explain decontamination procedures for hazardous materials at the awareness level. (Cognitive)
25. Describe the general patient management of patients exposed to hazardous materials. (Cognitive)

## EMT SKILLS TASK ANALYSIS

8/02

### Airway Management/ Oxygen Therapy/ Ventilation:

- |       |  |
|-------|--|
| TA-3  | Manual Airway Maneuvers                                    |
| TA-4  | Nasopharyngeal Airway                                      |
| TA-5  | Oropharyngeal Airway                                       |
| TA-6  | Oxygen Free Flow: Using Nasal Cannula                      |
| TA-7  | Oxygen Free Flow: Using Simple Face Mask or Reservoir Mask |
| TA-8  | Suctioning with Flexible Catheter                          |
| TA-9  | Suctioning with Rigid Catheter                             |
| TA-10 | Ventilation: Bag-Valve-Mask One Rescuer                    |
| TA-11 | Ventilation: Bag-Valve-Mask Two Rescuer                    |
| TA-13 | Ventilation: Demand Valve                                  |
| TA-14 | Ventilation: Pocket Mask                                   |

TA-15          Ventilation: Mask to Stoma

### **Advanced Airways**

TA-16          ETDLA Insertion

TA-17          ETDLA Removal

### **Assessment:**

TA-18          Blood Pressure by Auscultation

TA-19          Blood Pressure by Palpation

TA-20          Capillary Refill

TA-21          Prioritized Assessment Medical Patient

TA-23          Prioritized Assessment Trauma Patient

TA-25          Pulses

TA-26          Pupillary Status

TA-27          Respiratory Status

TA-28          Skin Signs

TA-29          **Automated or Semi-Automated Defibrillator**

### **Basic Life Support:**

TA-31          CPR Adult and Child One Rescuer

TA-33          CPR Infant One Rescuer

TA-34          CPR Adult and Child Two Rescuers

TA-36          Foreign Body Obstruction Conscious Adult and Child

TA-37          Foreign Body Obstruction Conscious Infant

TA-38          Foreign Body Obstruction Unconscious Adult and Child

TA-39          Foreign Body Obstruction Unconscious Infant

### **Bleeding Control/ Care of Soft Tissue Injuries:**

TA-40          Dressing Application/Bandaging

TA-41          Pressure Dressing Application

TA-42          Tourniquet Application

TA-43          **Patient Management-Medical Scenario**

TA-45          **Patient Management-Trauma Scenario**

### **Pneumatic Anti-Shock Garment:**

TA-48          Pneumatic Anti-Shock Garment Application/Inflation

TA-49          Pneumatic Anti-Shock Garment Deflation

**Spinal Immobilization:**

TA-50	Cervical Collar Application
TA-51	Helmet Removal Procedure
TA-52	Log Roll Procedure
TA-53	Rapid Extrication Procedure
TA-54	Securing Patient to Long Backboard
TA-55	Short Backboard/KED Application
TA-56	Straddle Slide Procedure

**Splinting:**

TA-57	Rigid Splint
TA-58	Traction Splint

**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Airway Management: Manual Maneuvers</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>(Modified) Jaw Thrust:</b>		
1. States or demonstrates indication for use: patient unable to maintain own airway with suspected spinal injury.		
2. Utilizes universal precautions as indicated.		
3. Places hands on either side of patient's head and maintains head in fixed neutral position at all times.		
4. Uses index fingers to displace mandible forward (upward).		
5. Performs technique so as to effectively open airway while preventing neck movement.		
<b>Chin Lift Method:</b>		
1. States or demonstrates indication for use: patient unable to maintain own airway with no risk of spinal injury.		
2. Utilizes universal precautions as indicated.		
3. Grasps chin with thumb and index finger of one hand and lifts chin (mandible) upward.		
4. Holds head in neutral position with other hand.		
5. Performs technique so as to effectively open airway while limiting neck hyperextension.		
Passing Score= _____      Total Possible Score= _____	Total=	

Comments:

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL    EVALUATOR'S SIGNATURE \_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Airway Management: Nasopharyngeal Airway (NPA)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for use: to assist in managing airway in patient who is at risk for loss of airway. May be tolerated in patient with presence of gag reflex.		
2.	Utilizes universal precautions as appropriate.		
3.	Chooses and measures proper size NPA. (Center of mouth down to angle of jaw or tip of nose up to the ear lobe.)		
4.	Lubricates NPA with water soluble jelly.		
5.	Inserts NPA with bevel to floor of nostril or towards the septum following the curvature of the nasopharynx.		
6.	Does not insert NPA too far, flange of NPA remains outside of nose.		
7.	States that if resistance is met, NPA is removed and insertion is attempted in other nostril.		
8.	Maintains patient airway with manual maneuver during scenario.		
9.	NPA is inserted gently without trauma to nasal cavity.		
10.	Can state that patient airway must be monitored closely for change in position of NPA and presence of emesis.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Airway Management: Oropharyngeal Airway (OPA)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for use: to assist in managing airway in patient who is at risk for loss of airway with absence of gag reflex.		
2.	Utilizes universal precautions as appropriate.		
3.	Chooses and measures proper size OPA. (Center of mouth down to angle of jaw or corner of mouth up to earlobe.)		
4.	Opens patient's mouth and inserts OPA with curvature of OPA to side of mouth. (At 90° angle to tongue.)		
5.	Turns OPA to match curvature of pharynx and inserts airway the rest of the way into the pharynx.		
6.	Does not insert OPA too far, flange of OPA remains outside of teeth.		
7.	Maintains patient airway with manual maneuver during scenario.		
8.	OPA is inserted without trauma to oral cavity and tongue is kept from occluding airway.		
9.	Can state that patient airway must be monitored closely for change in position of OPA and presence of emesis.		
Passing Score= _____ Total Possible Score= _____		Total=	

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EMT

5/1/95

**PRACTICAL EVALUATION FORM**

<b>Airway Management/Oxygen Therapy: Free Flow Using Nasal Cannula</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Properly attaches gauge/regulator to oxygen cylinder and cannula tubing to regulator.		
2.	Starts oxygen flow (to flush tubing) before seating cannula on patient's face.		
3.	Adjusts liter flow and sets ordered flow rate.		
4.	Explains procedure to patient.		
5.	Places prongs of cannula into patient's nostrils and adjusts device to fit in proper position on patient.		
6.	Monitors liter flow rate.		
7.	When ready to discontinue oxygen use, removes cannula from patient and turns off oxygen flow.		
8.	Administers appropriate oxygen liter flow rate per patient scenario.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Airway Management/Oxygen Therapy: Free Flow Using Simple Face Mask or Mask with Reservoir Bag</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Properly attaches gauge/regulator to oxygen cylinder and mask tubing to regulator.		
2.	Starts oxygen flow (to flush tubing) before seating mask on patient's face. If mask with reservoir bag, fills bag before placing on patient.		
3.	Adjusts liter flow and sets ordered flow rate.		
4.	Explains procedure to patient.		
5.	Places mask on patient's face covering nose and mouth and adjusts device to fit in proper position on patient.		
6.	Monitors liter flow rate.		
7.	When ready to discontinue oxygen use, removes mask from patient and turns off oxygen flow.		
8.	Administers appropriate oxygen liter flow rate per patient scenario.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Airway Management: Suctioning with Flexible Catheter</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indication for suctioning: patient with foreign material in oro or nasopharynx.		
2.	Utilizes universal precautions as appropriate.		
3.	Prepares equipment.		
4.	Turns patient to side before suctioning if possible.		
5.	Hyperventilates patient prior to suctioning if appropriate.		
7.	Measures catheter the same method as for OPA.		
8.	Turns on suction machine and inserts catheter into oral or nasal cavity without suction.		
8.	Begins suction as catheter is withdrawn with a twisting motion. Uses intermittent suction.		
9.	When questioned can state that suctioning is done no longer than 15 seconds before patient is hyperventilated again.		
10.	Suctioning is performed without trauma to oral or nasal cavity.		
11.	When questioned can state that catheter may be cleared by suctioning up water.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Airway Management: Suctioning with Rigid Catheter</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indication for suctioning: patient with foreign material in oropharynx.		
2.	Utilizes universal precautions as appropriate.		
3.	Prepares equipment.		
4.	Turns patient to side before suctioning if possible.		
5.	Hyperventilates patient prior to suctioning if appropriate.		
6.	Turns on suction machine and inserts catheter into oral cavity without suction.		
7.	Does not lose sight of end of catheter or measures for depth same as for OPA.		
8.	Begins suction as catheter is withdrawn and suctions intermittently.		
9.	When questioned, can state that suctioning is done no longer than 15 seconds before patient is hyperventilated again.		
10.	Suctioning is performed without trauma to oral cavity.		
11.	When questioned, can state that catheter may be cleared by suctioning up water.		
Passing Score= _____      Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

11/01

<b>Airway Management/Oxygen Therapy/Ventilation: Bag-Valve-Mask (BVM) One Rescuer</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States or demonstrates indications for use: patient needing ventilatory assistance due to apnea, or respirations being too slow, too rapid or too shallow.		
2.	Utilizes universal precautions as appropriate.		
3.	Selects correct size (volume) bag.		
4.	Positions self to enable operation of bag.		
5.	Establishes and maintains airway throughout scenario.		
a.	Airway adjuncts are used when no gag reflex present		
b.	Elevates mandible during ventilation		
6.	Can state why mask is transparent when questioned.		
7.	Places apex of mask over bridge of nose and base of mask between lower lip and chin.		
8.	Maintains seal of mask throughout scenario.		
9.	Ventilates patient at rate appropriate for scenario.		
10.	Observes adequate rise and fall of patient chest. Ventilates with approximately 600ml of volume if oxygen attached.		
11.	Releases pressure on bag and patient is allowed to exhale.		
12.	When questioned, can state 600ml tidal volume should be delivered to apneic adults.		
13.	When questioned, can state the importance of pop-off valve is to prevent over-inflation of lungs and subsequent damage/gastric distention. (pediatric models only)		
14.	When questioned, can state that the BVM can deliver 21% oxygen concentration without supplemental oxygen provided.		
15.	When questioned, can state that the BVM can deliver 90% or higher oxygen concentration with reservoir bag and supplemental oxygen provided.		
16.	When questioned, can state that the advantage of using a BVM is the ability to monitor compliance of the patients respiratory system.		
Passing Score=                  Total Possible Score=		Total=	

Comments:

\_\_\_\_ PASS \_\_\_\_ FAIL    EVALUATOR'S SIGNATURE\_\_\_\_\_

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to execution of the evaluation.

**EMT  
PRACTICAL EVALUATION FORM**

11/01

<b>Airway Management/Oxygen Therapy/Ventilation: Bag-Valve-Mask (BVM) Two Rescuer</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States or demonstrates indications for use: patient needing ventilatory assistance due to apnea, or respirations being too slow, too rapid or too shallow.		
2.	Utilizes universal precautions as appropriate.		
3.	Selects correct size (volume) bag.		
4.	One rescuer provides airway management throughout scenario.		
a.	Airway adjuncts are used when no gag reflex present		
b.	Elevates mandible during ventilation		
c.	Maintains seal of mask throughout scenario.		
d.	Can state why mask is transparent when questioned.		
e.	Places apex of mask over bridge of nose and base of mask between lower lip and chin.		
5.	Second rescuer operates BVM using two hands to squeeze the bag and ventilate patient.		
a.	Ventilates patient at rate appropriate for scenario.		
b.	Observes adequate rise and fall of patient chest. Ventilates with approximately 600ml of volume if oxygen attached.		
c.	Releases pressure on bag and patient is allowed to exhale.		
d.	Attaches oxygen tubing to BVM to increase concentration of oxygen delivered.		
6.	When questioned, can state 600ml tidal volume should be delivered to apneic adults.		
7.	When questioned, can state the importance of pop-off valve is to prevent over-inflation of lungs and subsequent damage/gastric distention. (pediatric models only)		
8.	When questioned, can state that the BVM can deliver 21% oxygen concentration without supplemental oxygen provided.		

**EMT  
PRACTICAL EVALUATION FORM**

**11/01**

<b>Airway Management/Oxygen Therapy/Ventilation: Bag-Valve-Mask (BVM) Two Rescuer</b>		<b>Weight</b>	<b>Score 0,1,2</b>
9.	When questioned, can state that the BVM can deliver 90% or higher oxygen concentration with reservoir bag and supplemental oxygen provided.		
10.	When questioned, can state that the advantage of using a BVM is the ability to monitor compliance of the patients respiratory system.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

**5/1/95**

<b>Airway Management/Oxygen Therapy/Ventilation: Demand Valve</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States or demonstrates indications for use: patient needing ventilatory assistance.		
2.	When questioned, states contraindication of use on infants, and complication of inducing a pneumothorax.		
3.	Utilizes universal precautions as appropriate.		
4.	Positions self to enable operation of device.		
5.	Establishes and maintains airway throughout scenario.		
6.	Can state why mask is transparent when questioned.		
7.	Places apex of mask over bridge of nose and base of mask between lower lip and chin.		
8.	Maintains seal of mask throughout scenario.		
9.	Depresses trigger of valve and ventilates patient at rate appropriate for scenario.		
10.	Observes adequate rise and fall of patient chest.		
11.	Does not over-ventilate patient and adequate time is allowed for exhalation.		
12.	When questioned, can state that cautious use of the valve is necessary to prevent over-inflation of lungs and subsequent damage/gastric distention.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

11/01

<b>Airway Management/Oxygen Therapy/Ventilation: Pocket Mask</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States or demonstrates indications for use: patient needing ventilatory assistance due to apnea, or respirations that are too slow, too rapid or too shallow.		
2.	Utilizes universal precautions.		
3.	Identifies pocket mask and assembles one-way valve.		
4.	Establishes and maintains airway throughout scenario.		
5.	Places mask correctly over patient's face.		
6.	Maintains adequate seal on mask throughout scenario.		
7.	Ventilates patient at appropriate rate for scenario.		
8.	Observes adequate rise and fall of patient chest. Ventilation is approximately 700-1000ml mask only, 400-600ml with oxygen.		
9.	Removes mouth from mask to allow patient exhalation.		
10.	When questioned, can state ventilation is 700-1000ml mask only, 400-600ml with oxygen.		
11.	When questioned, can state that supplemental oxygen must be attached to the mask as soon as possible to administer high concentration of oxygen.		
12.	When questioned, can state that compliance is easy to monitor during pocket mask ventilation.		
13.	When questioned, can state the cleaning requirements for reusable mask.		
Passing Score= _____      Total Possible Score= _____		Total=	

Comments: \_\_\_\_\_ PASS \_\_\_\_\_ FAIL      EVALUATOR'S  
SIGNATURE \_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Airway Management/Oxygen Therapy/Ventilation: Mask Over Stoma</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States or demonstrates need for ventilation to stoma: patient with stoma needing ventilatory assistance.		
2.	When questioned can state the anatomy and physiology of a stoma: a. tracheostomy: the pharynx and trachea are still connected. b. laryngostomy: the pharynx and trachea may not be connected. (Full or partial stoma breather)		
3.	Utilizes universal precautions as appropriate.		
4.	States or demonstrates that stoma may need to be cleared of secretions for adequate ventilation.		
5.	Places soft pliable mask over stoma and ventilates with rescuer's mouth or BVM.		
6.	Maintains seal on mask throughout scenario.		
7.	Evaluates for escape of air through patient upper airway and evaluates chest rise and fall.		
8.	If air escaping, flexes head on neck and attempts to close mouth and nose of patient to limit air escape.		
9.	When questioned can state that supplemental oxygen should be attached to mask as soon as possible.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL    EVALUATOR'S SIGNATURE\_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Airway Management: Esophageal Tracheal Double Lumen Airway (Combitube) Insertion</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Knows indications for use of ETDLA: when endotracheal intubation cannot be obtained in the patient who is unable to maintain their own airway.		
2.	Knows contraindications: a. Gag reflex present      b. History of corrosive ingestion c. History of esophageal disease d. Patient less than 16 years, under 5 ft. tall, persons over 6 ft. 7in		
3.	Uses universal precautions throughout procedure.		
4.	Prepares equipment: Checks tube, cuff, mask, suction ready.		
5.	Hyperventilates patient with supplemental O <sub>2</sub> .		
6.	Places patient head in neutral position, (with manual immobilization throughout procedure for trauma patient). Lifts jaw with one hand.		
7.	Inserts tube following curvature of oropharynx. The tube is advanced gently until the printed ring is aligned with teeth.		
8.	Inflates line 1, blue pilot balloon leading to the pharyngeal cuff, with 100ml of air using the 140ml syringe.		
9.	Inflates line 2, white pilot balloon leading to the distal cuff, with approximately 15ml of air using the 20ml syringe.		
10.	Begins ventilation through the longer blue connecting tube. If auscultation of breath sounds is positive and auscultation of gastric insufflation is negative, continues ventilation.		
11.	If auscultation of breath sounds is negative, and gastric insufflation is positive, immediately begins ventilation through the short clear connecting tube.		
12.	Confirms tracheal ventilation by auscultation of breath sounds and absence of gastric insufflation.		
13.	Removes syringe and monitors that cuffs remain inflated.		
Passing Score= _____ Total Possible Score= _____		Total=	

Comments:

\_\_\_\_ PASS \_\_\_\_ FAIL EVALUATOR'S SIGNATURE \_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Airway Management: Esophageal Tracheal Double Lumen Airway (Combitube) Removal</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Knows indications for removal of tube: gag reflex present		
2.	Uses universal precautions throughout procedure.		
3.	Suction is prepared for immediate use.		
4.	Places patient on his side if possible.		
5.	Deflates cuffs.		
6.	Withdraws tube.		
7.	Expects vomiting and immediately begins suctioning oropharynx.		
8.	Knows complications: soft tissue trauma, vomiting, aspiration.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Assessment: Blood Pressure by Auscultation</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Prepares stethoscope and sphygmomanometer.		
2.	Places patient and patient arm in proper position for blood pressure measurement when possible.		
3.	Places cuff, so that lower edge is about 1" above the crease of the elbow, with the center of bladder over the brachial artery.		
4.	Places stethoscope diaphragm over brachial artery.		
5.	Inflates cuff above the systolic pressure until the arterial sounds are no longer heard.		
6.	Deflates cuff slowly enough to allow recognition and notation of the onset of arterial sounds and point at which sounds disappear.		
7.	Recognizes that prolonged cuff inflation or repeated inflations will result in inaccurate blood pressure.		
8.	Reports accurate blood pressure.		
9.	When questioned, can identify abnormal blood pressure reading.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Assessment: Blood Pressure by Palpation</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Prepares sphygmomanometer recognizing that the stethoscope is not needed for this task.		
2.	Places patient and patient arm in proper position for blood pressure measurement when possible.		
3.	Places cuff, so that lower edge is about 1" above the crease of the elbow, with the center of bladder over the brachial artery.		
4.	Identifies and palpates pulse present distal to cuff.		
5.	Inflates cuff above the systolic pressure until the pulse can no longer be felt.		
6.	Deflates cuff slowly enough to allow recognition of the pulse return. Cuff is then fully deflated.		
7.	Recognizes that diastolic measurement is not obtainable by palpation.		
8.	Recognizes that prolonged cuff inflation or repeated inflations will result in inaccurate blood pressure.		
9.	Reports accurate systolic blood pressure.		
10.	When questioned, can identify abnormal blood pressure reading.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Assessment: Capillary Refill</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	When questioned can state that capillary refill is a valuable sign to be evaluated especially in infants and children.		
2.	Evaluates nail bed for skin color. Identifies abnormal color present (ie; cyanosis, jaundice).		
3.	Applies sufficient pressure to nail bed to blanch out color from capillary bed.		
4.	Releases pressure and counts seconds required for return of color to nail bed.		
5.	Can identify that capillary refill greater than two seconds indicates impaired circulation.		
6.	Can state when questioned the effects of cold environment on capillary bed.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

8/02

<b>Assessment: Prioritized Assessment Medical Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Scene Size Up</b>		
1. Overviews the scene for safety, mechanism of injury, environmental conditions.		
2. Determines number of patients, requests additional help if needed.		
3. Considers need for spinal motion restriction.		
<b>Initial Assessment (Primary Survey)</b>		
4. Verbalizes general impression of patient.		
5. Determines chief complaint, apparent life threats.		
6. Determines patient's responsiveness.		
7. Evaluates status of airway.		
8. Determines breathing is present.		
9. Determines pulse is present. a. Evaluates patient for major bleeding. b. Evaluates skin signs (color, temp, moisture).		
10. Determines patient's priority, makes transport decision		
<b>Focused Physical Exam and History (Secondary Survey)</b>		
11. Assesses History of Present Illness a. Events leading to present illness (rule out trauma) b. Last Meal		
12. Assesses Past Medical History a. Allergies                      b. Medications      c. Checks for medic alert tags		
13. Performs focused physical exam (Assesses affected body area/system, or if indicated, completes rapid assessment)		
14. Obtains baseline vital signs: a. Evaluates breathing rate b. Evaluates pulse rate c. Evaluates blood pressure (auscultated or palpated) d. Compares central and peripheral pulse (now or earlier)		
15. Re-evaluates transport decision		

continued:  
Continued:

**EMT  
PRACTICAL EVALUATION FORM**

<b>Assessment: Prioritized Assessment Medical Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
16. Completes detailed assessment		
17. Verbalizes on-going assessment		
18. Determines patient condition		
Passing Score=                      Total Possible Score=	Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

8/02

<b>Assessment: Prioritized Assessment Trauma Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Scene Size Up</b>		
1. Overviews scene for safety, mechanism of injury/nature of illness		
2. Determines number of patients, requests additional help if needed		
3. Considers stabilization of spine		
<b>Initial Assessment (Primary Survey)</b>		
4. Verbalizes general impression of patient		
5. Determines chief complaint/apparent life threats		
6. Determines patient's responsiveness (LOC)		
7. Evaluates status of airway		
8. Determines breathing is present		
9. Determines pulse is present		
a. Evaluates patient for major bleeding		
b. Evaluates skin signs (color, temp, moisture)		
10. Determines patient's priority, makes transport decision		
<b>Focused Physical Exam and History (Secondary Survey) or Rapid Trauma Assessment</b>		
11. Selects appropriate assessment (focused or rapid)		
12. Obtains baseline vital signs:		
a. Evaluates breathing rate		
b. Evaluates pulse rate		
c. Evaluates blood pressure (auscultated or palpated)		
d. Compares central and peripheral pulse		
13. Obtains SAMPLE History		
14. Assesses the head :		
a. Palpates head/scalp		
b. Palpates facial bones, nose		
c. Evaluates mouth, oral cavity, ears		
d. Evaluates pupils		
15. Assesses the neck:		
a. Evaluates trachea		
b. Assesses neck veins		
c. Palpates cervical spine		

continued:

Continued:

**EMT  
PRACTICAL EVALUATION FORM**

**8/02**

<b>Assessment: Prioritized Assessment Trauma Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
16. Assesses the chest: a. Inspects and palpates b. Evaluates breath sounds		
17. Assesses the abdomen/pelvis: a. Assesses the abdomen b. Evaluates pelvis c. Evaluates genitalia (verbalize)		
18. Evaluates extremities: a. Inspects, palpates lower extremities b. Inspects, palpates upper extremities c. Checks pulse, movement and sensation each extremity		
19. Evaluates posterior (thorax and lumbar)		
20. Checks for medic alert tags		
21. Determines all injuries (give 3 injuries, one point per injury)		
22. Verbalizes on-going assessment		
Passing Score=	Total Possible Score=	Total=

Comments:

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**5/1/95**

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TA-85

**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Assessment: Pupillary Status</b>	<b>Weight</b>	<b>Score 0,1,2</b>
1. Can state that pupils are evaluated for: a. Equality of size b. Roundness (shape) c. Reactivity to light d. Rate of reaction e. Ability of eyes to move together		
2. Observes eyes for abnormal gaze or unusual movement.		
3. Observes and records size of pupils in ambient light.		
4. Using light source, shines bright light into one eye and observes constriction response.		
5. Repeats assessment of other pupil.		
6. Evaluates response of pupil when shining light into opposite eye. (Consensual response)		
7. Asks patient to follow track of light to evaluate eye movement ability. (Optional field assessment)		
<div> <div>Passing Score=</div> <div>Total Possible Score=</div> </div>	Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Assessment: Respiratory Status</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Can state the importance of the respiratory evaluation: to evaluate effect of injury or illness on patient's ability to bring oxygen into the body and exhale carbon dioxide.		
2.	Rescuer puts hand or face near patient's mouth and nose to evaluate amount of air moving in and out of system, and to listen to abnormal noises.		
3.	Observes chest for symmetrical movement, deformity, abnormal chest wall movement.		
4.	Counts rise and fall of chest and reports respiratory rate for one minute. Reports respiratory quality and any abnormal respiratory pattern.		
5.	When questioned, can state the significance and need for assistance with rapid, shallow, labored, or slow breathing.		
6.	Auscultates the chest at four points minimally for presence or absence of breath sounds.		
7.	Reports any abnormal sounds indicating obstruction of airways or presence of secretions.		
8.	Reports any difference in breath sounds when comparing side to side.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Assessment: Skin Signs</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States the importance of assessing the skin: to determine peripheral perfusion, nervous system response, and hydration.		
2.	Observes skin for color. Reports color, location and the significance of abnormal findings.		
3.	Observes skin moisture. Reports findings and significance.		
4.	Observes skin turgor and reports the status of the patient's hydration.		
5.	Observes skin temperature in two locations for comparison. Reports findings and their significance.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

8/02

<b>Automated or Semi-Automated External Defibrillator (AED)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States or demonstrates indications for use: patient found apneic, pulseless, unresponsive.		
2.	Overviews the scene for hazards and related information.		
3.	Utilizes universal precautions as appropriate.		
4.	Establishes and maintains the airway using manual maneuvers and airway adjuncts correctly.		
5.	Evaluates breathing accurately, provides oxygenation and ventilation correctly.		
6.	Evaluates pulse accurately and provides chest compressions correctly.		
7.	AED is brought to patient side and prepared.		
8.	Begins AED operation including verbal overview.		
9.	Places AED electrodes on manikin correctly.		
10.	Orders STOP CPR and STAND CLEAR.		
11.	Monitors that no contact with patient is made.		
12.	Disarms AED if potential for patient contact occurs.		
13.	On semi-automated unit, triggers delivery of shocks as directed by unit.		
14.	Provides assessment when ordered by AED.		
15.	Is able to troubleshoot problems, resume operation.		
16.	Resumes CPR with oxygenation when indicated.		
17.	Puts AED back into an assessment mode to identify need for further cycles of shocks to be delivered.		
18.	Responds to direction from AED when patient change occurs (ie; patient converts from sinus rhythm to VF)		

Continued:

**EMT  
PRACTICAL EVALUATION FORM**

**8/02**

<b>Automated or Semi-Automated External Defibrillator (AED)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
19.	Is able to answer questions about why the AED did or did not shock the patient.		
20.	Transfers care appropriately to arriving ALS unit.		
21.	First shock is delivered within 90 seconds of arriving at patient side.		
22.	Delivers appropriate patient care throughout scenario.		
23.	States contraindications for use on patient (under age 8 or less than 55 pounds)		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

9/01

<b>Basic Life Support: Cardiopulmonary Resuscitation Adult and Child (One Rescuer)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Determines patient unresponsiveness.		
2.	Calls for help as needed.		
3.	Positions victim for resuscitation.		
4.	Opens the airway.		
5.	Determines breathlessness. Looks, listens, feels for breathing (3-5 seconds).		
6.	Uses ventilation device (barrier, pocket mask, BVM)		
6.	Ventilates with two slow breaths. (1-2 seconds each)		
7.	Determines pulselessness. Feels for carotid pulse (5-10 seconds).		
8.	Assures that additional resources have been called as needed.		
9.	Begins chest compressions:		
	a. Landmark is located prior to compressions		
	b. Proper hand position is maintained throughout		
	c. Equal compression/relaxation ratio		
	d. Keeps hands on sternum during upstroke		
	e. Completes chest relaxation on upstroke		
10.	Performs adult compression rate of 100 per minute. (15 per 9-11 seconds)		
11.	Performs ratio of 15 compressions to 2 ventilations. Performs 4 cycles. (One cycle is 15 compressions/ 2 ventilations.)		
12.	Checks carotid pulse for 5 seconds.		
13.	Resumes CPR.		
14.	When questioned can state child compression rate of 100 per minute. (5 per 3 seconds)		

Continued:

**EMT  
PRACTICAL EVALUATION FORM**

**9/01**

<b>Basic Life Support: Cardiopulmonary Resuscitation Adult and Child (One Rescuer)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
15.	When questioned can state child compression to ventilation ratio is 5:1.		
16.	When questioned can state complications of CPR: gastric distention, fractured ribs, liver laceration, pneumothorax.		
17.	Utilizes universal precautions as appropriate.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Basic Life Support: Cardiopulmonary Resuscitation For Infant (One Rescuer)</b>	<b>Weight</b>	<b>Score 0,1,2</b>
1. Determines patient unresponsiveness.		
2. Knows that BLS should be provided for one minute before activating EMS.		
3. Positions victim for resuscitation.		
4. Opens the airway. Head is in a neutral "sniffing" position.		
5. Determines breathlessness. Looks, listens, feels for breathing (3-5 secs).		
6. Ventilates patient twice at 1- 1.5 seconds each ventilation. Observes for chest rise. Allows exhalation between breaths.		
7. Determines pulselessness. Feels for brachial pulse (5-10 seconds).		
8. Begins chest compressions: a. Landmark is located prior to compressions, 2-3 fingers are placed one finger width below the level of the nipples.		
b. Proper finger position is maintained throughout.		
c. Equal compression/relaxation ratio. Compresses vertically 1/2 to 1 inch.		
d. Keeps fingers on sternum during upstroke. e. Completes chest relaxation on upstroke.		
9. Performs compression rate of at least 100 per minute. (5 in less than 3 seconds)		
10. Performs 20 cycles. (5 compressions to 1 ventilation is a cycle.)		
11. Checks brachial pulse for 5 seconds.		
12. Assures that additional resources have been called as needed		
13. Resumes CPR.		
14. When questioned can state complications of CPR: gastric distention, fractured ribs, liver laceration, pneumothorax.		
15. Utilizes universal precautions as appropriate.		
<div> <div>Passing Score=</div> <div>Total Possible Score=</div> </div>	Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

9/01

<b>Basic Life Support: Cardiopulmonary Resuscitation For Adult and Child (Two Rescuers)</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Determines patient unresponsiveness.		
2.	Calls for help as needed.		
3.	Positions victim for resuscitation.		
4.	Opens the airway.		
5.	Determines breathlessness. Looks, listens, feels for breathing (3-5 seconds). Verbalizes "no breathing" to second rescuer.		
6.	Ventilates patient twice at 1 to 2 seconds each ventilation in the adult, 1-1.5 seconds in a child. Observes for chest rise. Allows exhalation between breaths.		
7.	Determines pulselessness. Feels for carotid pulse (5-10 seconds). Verbalizes "no pulse" to second rescuer.		
8.	Assures that additional resources have been called as needed.		
9.	Begins chest compressions:		
	a. Landmark is located prior to compressions		
	b. Proper hand position is maintained throughout		
	c. Equal compression/relaxation ratio Adult: Compress 1 1/2 to 2 inches Child: Compress 1 to 1 1/2 inches		
	d. Keeps hands on sternum during upstroke		
	e. Completes chest relaxation on upstroke		
10.	Performs adult compression rate of 100 per minute. (5 per 3-4 seconds)		
11.	Performs ratio of 15 compressions to 2 ventilations.		
12.	Compressor hesitates in compressions long enough for ventilation to occur.		
13.	Ventilations produce chest rise, lasting 1-2 seconds in adult.		
14.	Pulse is checked during compressions to assure they are adequate.		
15.	Carotid pulse is checked for 5 seconds after one minute of CPR.		

Continued:

## EMT PRACTICAL EVALUATION FORM

**9/01**

Basic Life Support: Cardiopulmonary Resuscitation For Adult and Child (Two Rescuers)		Weight	Score 0,1,2
16.	Resumes CPR.		
17.	Compressor calls for switch when fatigued.		
18.	After a ventilation, the compressor and ventilator switch positions.		
19.	The new compressor identifies landmark position.		
20.	The new ventilator evaluates carotid pulse. States "no pulse		
21.	Ventilator ventilates once and compressor resumes 15:2 cycle.		
22.	Utilizes universal precautions as appropriate.		
Passing Score= <div style="float: right;">Total Possible Score=</div>		Total=	

Comments:

           PASS            FAIL   EVALUATOR'S SIGNATURE \_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Basic Life Support: Foreign Body Obstruction Management Conscious Adult and Child</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Asks the patient "Are you choking?"		
2.	Determines if victim can cough or speak.		
3.	If the patient can cough forcefully or speak, encourages him to continue coughing to force obstruction out.		
4.	If the patient has an ineffective cough, increased respiratory difficulty, or high-pitched noisy inhalation: Performs sub-diaphragmatic abdominal thrusts. <ul style="list-style-type: none"> <li>a. Stands behind the victim.</li> <li>b. Wraps arms around victim's waist.</li> <li>c. Makes a fist with one hand and places the thumb side against the victims abdomen, in the midline above the navel and below the tip of xiphoid.</li> <li>d. Grasps fist with the other hand and presses into the victim's abdomen with quick upward thrusts.</li> <li>e. Repeats thrusts until foreign body is expelled or victim becomes unconscious.</li> </ul>		
5.	When questioned can state the complication of this procedure is internal organ damage.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Basic Life Support: Foreign Body Obstruction Management Conscious Infant</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Determines history of incident to rule out cause of respiratory emergency.		
2.	Observes breathing distress and evaluates amount of air exchange.		
3.	If air exchange is inadequate due to airway obstruction: a. Delivers up to five back blows. 1) Turns the infant face down with body resting on rescuer's forearm, supported on rescuer's thigh 2) Supports the head, which is lower than the trunk, by firmly holding the jaw. 3) Delivers up to five back blows, forcefully, between the shoulder blades with heel of hand. (3-5 seconds)		
	b. Delivers up to five chest thrusts: 1) While supporting the head, is able to sandwich infant between hands and arms and turn infant on to his back with head lower than trunk. 2) Delivers up to five quick downward chest thrusts in the same location and manner as chest compressions		
4.	Repeats sequence until either the foreign body is expelled or the infant becomes unconscious.		
Passing Score= _____ Total Possible Score= _____		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Basic Life Support: Foreign Body Obstruction Management Unconscious Adult and Child</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Determines unresponsiveness.		
2.	Calls for help as needed.		
3.	Positions the patient on his back. Opens the airway.		
4.	Determines breathlessness.		
5.	Attempts ventilation. (Airway is obstructed)		
6.	Repositions patient's head.		
7.	Re-attempts ventilation. (Airway remains obstructed)		
8.	Assures additional resources have been called.		
9.	Performs sub-diaphragmatic abdominal thrusts: a. Places the heel of one hand against the patient's abdomen in the midline above the navel and below the tip of xiphoid. b. Places the other hand directly on top of the first hand and presses into the victim's abdomen with quick upward thrusts. e. Repeats thrusts up to five times if needed.		
10.	Opens patient's mouth if adult and performs finger sweep. In child, finger sweep should only be done if foreign body is visualized.		
11.	Attempts ventilation.		
12.	If unable to ventilate, airway is repositioned and ventilation attempted again.		
13.	If airway remains obstructed, sequence is repeated as needed.		
14.	Utilizes universal precautions as appropriate.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL    EVALUATOR'S SIGNATURE\_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Basic Life Support: Foreign Body Obstruction Management Unconscious Infant</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Determines unresponsiveness.		
2.	Calls for help as needed.		
3.	Positions the infant on his back. Opens the airway.		
4.	Determines breathlessness.		
5.	Attempts ventilation. (Airway is obstructed)		
6.	Repositions patient's head.		
7.	Re-attempts ventilation. (Airway remains obstructed)		
8.	Assures additional resources have been called.		
9.	Delivers up to five back blows. a. Turns the infant face down with body resting on rescuer's forearm, supported on rescuer's thigh b. Supports the head, which is lower than the trunk, by firmly holding the jaw. c. Delivers up to five back blows, forcefully, between the shoulder blades with heel of hand. (3-5 seconds)		
10.	Delivers up to five chest thrusts: a. While supporting the head, is able to sandwich infant between hands and arms and turn infant on to his back with head lower than trunk. b. Delivers up to five quick downward chest thrusts in the same location and manner as chest compressions.		
11.	Opens infant's mouth using tongue-jaw lift and removes foreign body if visualized.		
12.	Repeats steps 5 through 11 as needed until foreign body is removed.		
13.	Utilizes universal precautions as appropriate.		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Bleeding Control/Care of Soft Tissue Injuries: Dressing Application/Bandaging</b>	<b>Weight</b>	<b>Score 0,1,2</b>
1. Utilizes universal precautions as appropriate.		
2. Prepares equipment/supplies.		
3. Opens dressing with clean technique.		
4. Applies dressing without contaminating wound.		
5. Applies adequate pressure to control bleeding.		
6. Secures dressing with appropriate bandage, wrapping towards the heart without compromising distal circulation.		
7. Evaluates distal circulation after bandage is applied.		
8. States that bleeding is monitored and additional dressings are added as needed.		
Passing Score=                      Total Possible Score=	Total=	

Comments:

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL    EVALUATOR'S SIGNATURE\_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Bleeding Control/Care of Soft Tissue Injuries: Pressure Dressing Application</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Utilizes universal precautions as appropriate.		
2.	Prepares equipment/supplies.		
3.	Bleeding is controlled initially by direct pressure to wound.		
4.	Prepares dressing with clean technique.		
5.	Applies dressing without contaminating wound.		
6.	Applies adequate pressure to control bleeding.		
7.	Secures dressing with appropriate bandage, wrapping towards the heart without compromising distal circulation.		
8.	Evaluates distal circulation after bandage is applied.		
9.	States that bleeding is monitored and additional dressings are added as needed.		
10.	When questioned can state that an occlusive dressing would be applied to an open wound near the neck area to prevent air embolism.		
11.	When questioned can state that an occlusive dressing would be applied to any open wound on the chest (anterior/posterior).		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Bleeding Control/Care of Soft Tissue Injuries: Tourniquet Application</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for use: last resort in bleeding control when other methods have failed or in mass casualty incident to control major bleeding.		
2.	States complications of tourniquet use: a. Tissue ischemia, necrosis b. Potential for necessary amputation (due to ischemia)		
3.	Utilizes universal precautions as appropriate.		
4.	Chooses and applies wide band of material over padded vessel.		
5.	The material is placed around the extremity at a point proximal to the bleeding but as distal on the extremity as possible.		
6.	Tightens the tourniquet until bleeding stops.		
7.	Secures the tourniquet to prevent loosening.		
8.	States that the tourniquet is not loosened until the patient is in the hospital.		
9.	Clearly identifies the patient has a tourniquet in place. (For example, a piece of tape is placed on patient forehead with a large "T" or "TK" to identify a tourniquet is being used.)		
Passing Score=                      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

8/02

<b>Patient Management (Assessment) Prioritized Assessment Medical Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Scene Size Up</b>		
1. Overviews the scene for safety, mechanism of injury, environmental conditions.		
2. Determines number of patients, requests additional help if needed.		
3. Considers need for stabilization of spine.		
<b>Initial Assessment (Primary Survey)</b>		
4. Verbalizes general impression of patient.		
5. Determines chief complaint, apparent life threats.		
6. Determines patient's responsiveness.		
7. Evaluates status of airway.		
8. Determines breathing is present.		
9. Determines pulse is present. a. Evaluates patient for major bleeding. b. Evaluates skin signs (color, temp, moisture).		
10. Determines patient's priority, makes transport decision		
<b>Focused Physical Exam and History (Secondary Survey)</b>		
11. Assesses History of Present Illness a. Events leading to present illness (rule out trauma) b. Last Meal		
12. Assesses Past Medical History a. Allergies                      b. Medications                      c. Checks for medic alert tags		
13. Performs focused physical exam (Assesses affected body area/system, or if indicated, completes rapid assessment)		
14. Obtains baseline vital signs: a. Evaluates breathing rate b. Evaluates pulse rate c. Evaluates blood pressure (auscultated or palpated) d. Compares central and peripheral pulse (now or earlier)		
15. Re-evaluates transport decision		
16. Completes detailed assessment		

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Continued:

**EMT  
PRACTICAL EVALUATION FORM**

<b>Patient Management (Assessment) Prioritized Assessment Medical Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
17. Verbalizes on-going assessment		
18. Determines patient condition		
Passing Score=                  Total Possible Score=	Total=	

<b>Patient Management: Medical Scenario</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Management:</b>		
1. Moves patient to position of comfort		
2. Uses manual maneuver to open airway if inadequate		
3. Uses basic airway adjunct if indicated.		
4. Clears airway with suction if indicated.		
5. Provides appropriate oxygen therapy.		
6. Assists ventilation if rate or depth of breathing is inadequate.		
7. Controls major bleeding, manages shock.		
8. Reassures patient.		
9. Communicates appropriately with patient.		
10. Verbalizes plan for patient transport.		
11. Manages non life-threatening conditions after life-threatening conditions.		
12. Re-evaluates patient condition throughout scenario.		
13. Acknowledges need for ALS.		
14. Utilizes universal precautions as appropriate.		
Passing Score=                  Total Possible Score=	Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

8/02

<b>Patient Management (Assessment) Prioritized Assessment Trauma Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Scene Size Up</b>		
1. Overviews scene for safety, mechanism of injury/nature of illness		
2. Determines number of patients, requests additional help if needed		
3. Considers stabilization of spine		
<b>Initial Assessment (Primary Survey)</b>		
4. Verbalizes general impression of patient		
5. Determines chief complaint/apparent life threats		
6. Determines patient's responsiveness (LOC)		
7. Evaluates status of airway		
8. Determines breathing is present		
9. Determines pulse is present		
a. Evaluates patient for major bleeding		
b. Evaluates skin signs (color, temp, moisture)		
10. Determines patient's priority, makes transport decision		
<b>Focused Physical Exam and History (Secondary Survey) or Rapid Trauma Assessment</b>		
11. Selects appropriate assessment (focused or rapid)		
12. Obtains baseline vital signs:		
a. Evaluates breathing rate		
b. Evaluates pulse rate		
c. Evaluates blood pressure (auscultated or palpated)		
d. Compares central and peripheral pulse		
13. Obtains SAMPLE History		
14. Assesses the head :		
a. Palpates head/scalp		
b. Palpates facial bones, nose		
c. Evaluates mouth, oral cavity, ears		
d. Evaluates pupils		
15. Assesses the neck:		
a. Evaluates trachea		
b. Assesses neck veins		
c. Palpates cervical spine		
16. Assesses the chest:		

a. Inspects and palpates b. Evaluates breath sounds		
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Continued:

**EMT  
PRACTICAL EVALUATION FORM**

<b>Patient Management (Assessment) Prioritized Assessment Trauma Patient</b>	<b>Weight</b>	<b>Score 0,1,2</b>
17. Assesses the abdomen/pelvis: a. Assesses the abdomen b. Evaluates pelvis c. Evaluates genitalia (verbalize)		
18. Evaluates extremities: a. Inspects, palpates lower extremities b. Inspects, palpates upper extremities c. Checks pulse, movement and sensation each extremity		
19. Evaluates posterior (thorax and lumbar)		
20. Checks for medic alert tags		
21. Determines all injuries		
22. Verbalizes on-going assessment		
Passing Score= Total Possible Score=	Total=	

<b>Patient Management: Trauma Scenario</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Management:</b>		
1. Immobilizes cervical spine manually.		
2. Uses manual airway maneuver to open airway if inadequate		
3. Uses basic airway adjunct if indicated		
4. Clears airway with suction if indicated		
5. Provides appropriate oxygen therapy		
6. Assists ventilations, if rate or depth is inadequate.		
7. Controls major bleeding.		
8. Stabilizes injuries (fractures) appropriately.		
9. Manages soft tissue injury appropriately.		

Continued:

**EMT  
PRACTICAL EVALUATION FORM**

<b>Patient Management: Trauma Scenario</b>	<b>Weight</b>	<b>Score 0,1,2</b>
10. Stabilizes major chest injury when indicated (flail segment or open wound).		
11. Verbalizes spinal immobilization as indicated.		
12. Considers use of PASG (per medical direction)		
13. Manages all life threatening injuries		
14. Manages non life-threatening injury after life threatening conditions.		
15. Re-evaluates patient condition throughout scenario.		
16. Acknowledges need for ALS		
17. Utilizes universal precautions		
Passing score	Total Possible Score	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Pneumatic Anti-Shock Garment</b>	<b>Weight</b>	<b>Score 0,1,2</b>
<b>Application:</b>		
1. Patient assessment has been performed and potential use of the PASG has been established. Contraindications are not present.		
2. Areas of the body to be covered by PASG have been assessed. Clothing has been removed or checked for objects.		
3. Patient is log-rolled on to PASG or PASG are slid under patient without loss of spinal stabilization.		
4. Garment is wrapped around legs.		
5. Garment is wrapped around abdomen.		
6. Checks that garment is below 10th rib.		
<b>Inflation: (never performed on live model)</b>		
7. Can state indications for inflation.		
8. From patient assessment (including vital signs), has determined need for inflation and contraindications have been ruled out. (Breath sounds have been done.)		
9. Inflates leg compartments. Re-evaluates blood pressure.		
10. Inflates abdominal section as indicated and re-evaluates blood pressure.		
11. When inflation is completed, assures valves are closed.		
12. Continues to monitor patient.		
13. Continues to monitor pressure in PASG.		
Passing Score=      Total Possible Score=	Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Pneumatic Anti-Shock Garment: Deflation Procedure</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States deflation is generally done in the hospital unless a complication develops before arrival to hospital.		
2.	States that deflation should not be done until patient has been stabilized with fluid replacement or other means.		
3.	Vital signs have been evaluated and recorded.		
4.	Begins deflation of abdominal compartment slowly. Small amounts of air are allowed to escape and patient's BP is evaluated. If systolic pressure drops more than 5mm/Hg, deflation must be stopped until pressure stabilizes.		
5.	Deflation continues if no significant changes in BP occur. When abdominal compartment is deflated, one leg compartment at a time is taken through same procedure.		
6.	Patient condition is monitored closely throughout procedure.		
Passing Score=      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Spinal Immobilization: Cervical Collar Application</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for spinal immobilization: a. Any patient at risk to spinal injury as evaluated by mechanism of injury b. Spinal tenderness, pain, deformity c. Presence of head injury		
2.	Manually stabilizes cervical spine using bony prominences of head.		
3.	Returns and maintains the head in neutral position.		
4.	Appropriate size C-collar is chosen.		
5.	Assesses status of neck veins and trachea before collar applied.		
6.	Applies collar while strict spinal stabilization is maintained.		
7.	Stabilization of spine is continued until further immobilization equipment is applied. (C-collar alone does not immobilize spine)		
8.	When questioned, states complications of poor fitting collar: a. Too tight can cause venous back flow b. Too loose does not immobilize head on neck		
9.	When questioned, states that cervical collars come in many sizes and must be fitted according to manufacturer's directions.		
Passing Score=      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Spinal Immobilization: Helmet Removal Procedure</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for helmet removal: a. Unable to maintain airway access for assessment and potential management b. Helmet is loose		
2.	States contraindication for helmet removal: complexity of equipment hinders safe removal		
3.	Manually stabilizes spine while holding helmet. If helmet is assessed to be loose, hands are placed up under the helmet to bony prominences of head. (During helmet removal, the head is best held with one hand posterior on the occiput while the other hand is anterior grasping across the maxilla if possible, or mandible.)		
4.	A second rescuer removes helmet straps.		
5.	Spinal stabilization is maintained during removal of the helmet.		
6.	The second rescuer spreads helmet and removes. Care is taken not to injure the nose or ears.		
7.	The head is maintained in neutral position and not allowed to drop.		
8.	If transfer of spinal stabilization is done from one rescuer to another, it is done without movement of the spine.		
9.	Head and spine are padded to maintain neutral alignment.		
10.	States need for addition of other equipment to complete spinal immobilization process.		
Passing Score=      Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Spinal Immobilization: Log Roll Procedure Onto Backboard</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for spinal immobilization: a. Any patient at risk to spinal injury as evaluated by mechanism of injury b. Spinal tenderness, pain, deformity c. Presence of head injury		
2.	Manual stabilization of cervical spine is in place.		
3.	Head is maintained in neutral position.		
4.	Cervical collar has been fitted and properly put in place.		
5.	Patient's extremities are placed in neutral position in preparation for log roll.		
6.	Long backboard is placed along side of the patient.		
7.	Rescuers are positioned to control the (head and neck), the thorax, and the pelvis with lower extremities.		
8.	The patient is rolled up on to their side, past 90° if possible, without torsion or flexion to the spine.		
9.	The posterior of the patient is assessed during this time.		
10.	The long backboard is placed tightly against the patient.		
11.	The patient is rolled down on to the backboard, without losing spinal alignment.		
12.	If necessary, the patient is slid on the long axis into proper position without losing spinal alignment.		
13.	Neurological status of patient is assessed before and after movement.		
14.	Stabilization of the spine is maintained throughout patient handling.		
Passing Score=      Total Possible Score=		Total=	

Comments:

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**EMT**

6/1/96

### PRACTICAL EVALUATION FORM

Spinal Immobilization: Rapid Extrication Procedure		Weight	Score 0,1,2
1.	Can state indications for procedure: unstable patient with known or suspected spinal injury.		
2.	Upon gaining access to patient, immediately immobilizes cervical spine in neutral position.		
3.	Patient assessment is performed including distal neuro-vascular exam.		
4.	When questioned, can state why this patient requires rapid extrication.		
5.	Correctly applies cervical collar.		
6.	One rescuer stabilizes head and c-spine through the access opening of vehicle.		
7.	Second rescuer slides hand and arm down behind the patient to serve as a "splint" for the back. The rescuer's other arm is used to grasp patient's torso.		
8.	A third rescuer moves the patient's lower extremities, typically lifting the weight to ease in patient rotation and movement.		
9.	In one unified motion, the patient is rotated from a sitting position, to line up with the long backboard and is lowered to long backboard.		
10.	Rescuers supporting head, neck and torso, move the patient in a neutral position without causing movement of the spinal column that may cause further injury.		
11.	Patient is immobilized on long backboard with padding of voids to maintain neutral spinal alignment.		
12.	Torso is secured, before head is secured to long backboard.		
13.	Patient's condition is monitored throughout procedure.		
14.	Neurovascular status is assessed before and after patient movement.		
15.	All patient movement is performed safely without risk to rescuers or patient.		
Passing Score= Total Possible Score=		Total=	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Spinal Immobilization: Securing Patient to Long Backboard</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for spinal immobilization: a. Any patient at risk to spinal injury, as evaluated by mechanism of injury b. Spinal tenderness, pain, deformity c. Presence of head injury		
2.	Patient has been placed on long backboard maintaining neutral spinal alignment with cervical collar in place.		
3.	Maintains manual cervical spine stabilization until immobilization equipment secures head and spine from movement.		
4.	Pads all potential voids to maintain neutral spinal alignment.		
5.	Applies a minimum of two straps to the thorax and pelvis areas strapping over bony structures.		
6.	Secures the head to the board to maintain cervical spine alignment.		
7.	Secures the lower extremities before patient transport.		
8.	Straps are tightened and secured enough that the patient can be turned on their side while attached to the board and spinal alignment is maintained.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Spinal Immobilization: Short Backboard/KED Application</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Knows indication for use: suspected or known cervical spine injury for stable patient in sitting position.		
2.	Manual stabilization of the spine is maintained in neutral position throughout application of the device.		
3.	Prioritized assessment is performed prior to application of device.		
4.	Neurovascular assessment is done prior to application of device.		
5.	Cervical collar is applied correctly.		
6.	Any movement of the patient is done to gain access to positioning of the device. Patient's spine remains stabilized in neutral position.		
7.	Device is positioned correctly behind patient.		
8.	Device is strapped to the patient's torso correctly.		
9.	Device is strapped to the patient's pelvis correctly.		
10.	Patient's position is corrected to a neutral position as necessary during application of device.		
11.	Patient's head is secured correctly to the device.		
12.	Padding is applied as necessary for comfort and positioning.		
13.	Patient's condition is monitored throughout application of equipment.		
14.	Patient is rotated (or lowered) correctly onto a long backboard.		
15.	Movement of patient is done with safety precautions for patient and rescuers.		
16.	Patient is secured on to long back board in correct position.		
17.	Patient is re-secured to device as necessary to maintain neutral positioning of spine.		
18.	Neurovascular status is assessed after patient movement.		
19.	Patient comfort is monitored and maintained as indicated.		
Passing Score=                  Total Possible Score=		Total=	

Comments:

\_\_\_\_ PASS \_\_\_\_ FAIL EVALUATOR'S SIGNATURE \_\_\_\_\_

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**EMT  
PRACTICAL EVALUATION FORM**

6/1/96

<b>Spinal Immobilization: Straddle Slide Procedure Onto Backboard</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	States indications for spinal immobilization: a. Any patient at risk to spinal injury as evaluated by mechanism of injury b. Spinal tenderness, pain, deformity c. Presence of head injury		
2.	Manual stabilization of cervical spine is maintained in neutral position.		
3.	Cervical collar has been fitted and properly put in place.		
4.	Patient's extremities are placed in neutral position in preparation for log roll.		
5.	Long backboard is placed at head, or feet, of patient with someone available to slide the board under patient.		
6.	Rescuers are positioned to stabilize and lift the head and neck, both sides of the thorax, both sides of the pelvis, and the lower extremities. Rescuers may straddle the patient to lift, or work from the side of patient.		
7.	The patient is lifted just enough to allow the board to be passed under the patient.		
8.	Patient is lowered on to board in proper position.		
9.	Spinal alignment is maintained throughout patient handling.		
10.	Neurovascular status is assessed before and after patient movement.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

\_\_\_\_ PASS \_\_\_\_ FAIL EVALUATOR'S SIGNATURE \_\_\_\_\_

Evaluation Key:

0=Did not accomplish and/or did harm to patient.

1=Completed procedure but was not totally effective.

2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.**

**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Splinting: Rigid Splint</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Prepares equipment, selecting splint that will splint joints above and below the injury site.		
2.	Utilizes universal precautions as indicated.		
3.	Stabilizes injury site manually.		
4.	Assesses neurovascular status distal to injury.		
5.	Pads splint and stabilizes injury in appropriate position.		
6.	Secures splint in a manner which results in the injury being immobilized in all planes.		
7.	Splinting is done without causing further harm to patient.		
8.	Neurovascular status is re-evaluated distal to the injury site after splinting and further movement.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL EVALUATOR'S SIGNATURE \_\_\_\_\_

Evaluation Key:

0=Did not accomplish and/or did harm to patient.

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**EMT  
PRACTICAL EVALUATION FORM**

5/1/95

<b>Splinting: Traction Splint</b>		<b>Weight</b>	<b>Score 0,1,2</b>
1.	Can state the indication for traction splinting: a patient with mid-shaft femur fracture (when prioritization of other injuries allows time for splinting).		
2.	Can state that the purpose of traction is to reduce muscle spasm and is not intended to align the fracture. (Should not be used with severely deformed compound fracture.)		
3.	Utilizes universal precautions as appropriate.		
4.	Stabilizes the site of injury. Applies manual traction to the distal extremity until the patient feels some relief.		
5.	Once traction is applied, it is not released.		
6.	Applies device to foot or ankle that will apply traction from splint. Device is padded so circulation is not occluded.		
7.	Sizes splint and places in correct position.		
8.	Pads splint as needed and attaches ischial strap.		
9.	Attaches device securing foot/ankle to traction splint and applies traction.		
10.	Applies smooth mechanical traction equivalent to the manual traction that was held.		
11.	Places any additional support to splint that is needed. (Additional bandaging, foot-rest, etc.)		
12.	Re-evaluates distal neurovascular status.		
13.	Splinting is performed without further injury to patient.		
Passing Score= _____ Total Possible Score= _____		Total= _____	

Comments:

\_\_\_\_ PASS \_\_\_\_ FAIL EVALUATOR'S SIGNATURE \_\_\_\_\_

Evaluation Key:      0=Did not accomplish and/or did harm to patient.  
                              1=Completed procedure but was not totally effective.  
                              2=Accomplished task, meeting minimum objective.

**Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation**